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ABSTRACT

The first 19 pages of the document describe a study carried out to examine the feasibility of using health intervention as a means of increasing entry of welfare clients into job training. Objective screening procedures were used to define physical and mental health problems and handicaps in a New York State sample population. Common health disabilities identified in the experimental group included emotional handicaps such as sick-role behavior, aversive handicaps including obesity, dental decay, and locomotor handicaps with limited mobility. Health intervention included treatment of sick-role behavior and other emotional problems by group counseling, weight reduction, exercise classes, and treatment of specific medical and dental problems. Job motivation classes were also provided. Improvement in health status and solution of problems was correlated with compliance in relation to treatment. Clients with initial medical handicaps, successful in the health rehabilitation program, entered CETA job training and gained employment, doing as well as controls without chronic health problems over the same period. Appended materials include: all forms used, a short job motivation course outline, 70 case resumes, code words and definitions, and tables summarizing all measures (educational, social, personal, and medical) and correlations between all measures. (Author/BP)

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Final Report: Feasibility Study

PHYSICAL REHABILITATION AND EMPLOYMENT OF AFDC RECIPIENTS

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October 1, 1975

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16. Abstracts

A study was carried out to examine the feasibility of using health intervention as a means of increasing entry of welfare clients into job training. Objective screening procedures were used to define physical and mental health problems and handicaps in a New York State sample population. Common health disabilities identified in the experimental group included emotional handicaps such as sick-role behavior, aversive handicaps including obesity, dental decay, and locomotor handicaps with limited mobility. Health intervention included treatment of sick-role behavior and other emotional problems by group counseling, weight reduction, exercise classes, and treatment of specific medical and dental problems. Improvement in health status and solution of problems was correlated with compliance in relation to treatment. Clients with initial medical handicaps, successful in the health rehabilitation program, entered CETA job training and gained employment, as well as controls without chronic health problems over the same period.

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Sick-role
Obesity
Dental decay
Limited mobility
Group counseling
Weight reduction
Treatment compliance
CETA

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SUMMARY OF SALIENT FINDINGS

1. Finding: A significant number of persons having non-health eligibility characteristics for local job training and placement programs (CETA) claim medical problems as a reason for non-participation.

Implication: Registrants for job training should have health evaluation to determine actual health status and particularly the feasibility of remediable treatment to foster employability.

2. Finding: Among the health problems cited as reasons for non-participation in job training, those for which it is difficult to exclude some degree of disability figure largely. These include back problems, recurrent blackouts, migraine and nervousness.

Implication: Health evaluation must include testing procedures which can distinguish these conditions which confer a real handicap from those associated with hypochondriasis or malingering.

3. Finding: Sick role behavior is frequently found among welfare clients and is associated with long-term underemployment or unemployment, extrinsic handicaps including long-standing poverty situations, and family disharmony. Persons playing a sick role tend to have passive-dependent personalities. Sick role behavior is associated strongly with unemployment.

Implication: It is most important to use evaluation procedures which accurately delineate sick role behavior. Group therapy aimed at combatting sick role behavior must be provided to allow persons exhibiting such behavior to become employable.

4. Finding: Perceived health related job restriction by the client has been related to the number of current complaints, the hypochondriasis score, and negatively to performance in exercise tests. Measures of physical fitness as well as of intrinsic health handicaps have been found to have a predicted value in deciding whether clients are likely to respond to rehabilitation.

Implication: Objective definition of health status including motivation must continue to be a prominent feature of health intervention programs related to job training under the Manpower Administration. Reproducible measures of physical and mental health status of clients should be used to generate prognostic information for WIN/CETA agency personnel.

5. Finding: Aversive handicaps are similar in frequency to emotional problems in contributing to the health disorders of welfare clients. The commonest aversive handicap is obesity. Long-term obesity is particularly resistant to intervention in this population.

Implication: Programs for the treatment of obesity have to be designed by a nutritionist and physicians familiar with weight reduction programs for low income - low education groups.

6. Finding: Adequate health evaluation may require consultant opinion from medical and/or dental specialists for which ADC clients can be covered by Medicaid.

Implication: In establishing a health rehabilitation unit for ADC clients it is necessary to negotiate with the local Department of Social Services to insure that they will understand the necessity of referrals to area health services for evaluation as well as treatment purposes.

7. Finding: Non-compliance for prescribed therapies is characteristic of some clients, this detracting from the success of health intervention.
Implication: Contractual arrangements must be made with clients so that they have a time schedule in which to accomplish therapeutic goals. Token rewards should be offered for session attendance and expected achievement.

8. Finding: Clients geared to patch-up medicine and dental treatment are unfamiliar with the advantages of health rehabilitation, nor do they know how to seek or obtain optimal community health care.
Implication: Health education must have high priority with particular reference to upgrading health practices.

9. Finding: Non-attendance and/or lack of progress in therapeutic sessions after 3 months has been associated with overall failure to reach job readiness.
Implication: All clients should be re-evaluated after every 3 months. Those who fail to comply with advised treatment despite all encouragement and social assistance should be dropped from job related health intervention programs, except under extenuating circumstances.

10. Finding: Clients receiving active health intervention had more medical problems initially, were more likely to have emotional and aversive (unsightly) handicaps, and were less likely to be employed. In spite of these disadvantages, with rehabilitation, the success of the group on entering job training and/or employment was similar to that of a control group without such problems.
Implication: Based on this initial experience, it is projected that a job oriented health intervention program can increase employability.

11. Finding: As far as this feasibility study can show, successful health intervention does contribute to the employability potential of welfare clients.
Implication: It is highly recommended that the role of health rehabilitation as a means of returning unemployed persons to the work force should be further investigated.

12. Finding: It has been shown that health intervention for welfare clients can be established at moderate costs in a small town community.
Implication: It is recommended that similar units be established in other communities, more particularly in a large urban community, in order to evaluate whether the establishment of such health programs is an appropriate function of WIN.

CONCLUSIONS

Chronic medical problems have been identified among a group of welfare recipients which were related to job restrictions and unemployment. The most common health handicaps found in this group were emotional and aversive; the latter category including obesity and gross dental decay. Sick role behavior was common, as shown by hypochondriasis scores, and the total number of complaints. Physical performance was negatively related to obesity, hypochondriasis score, the number of current complaints, job restriction, age, and in general to the presence of emotional or aversive handicaps. Decision to employ health intervention was based upon the finding of remediable disabilities. Distinguishing characteristics of the active intervention group included that they had more medical problems initially, they were less likely to be working initially, they had overall higher handicap scores, they were more likely to have emotional or aversive handicaps, they performed less well on physical performance tests, they had fewer years of education, and they had incurred more Medicaid costs than the non-intervention group during the pre-study period. Health intervention included group and individual mental health counseling, weight reduction, exercise classes, and medical or dental referral for treatment.

Change in work status during the 8 months of the study was related in the intervention group to number of medical problems solved. In spite of their initial handicaps the overall changes in work and training status in the active intervention group were no worse than those of the controls who had less medical problems during the same period. It has been shown that, given the opportunity for comprehensive health intervention, as provided by the Cornell Health Rehabilitation Program, the chances of handicapped welfare recipients entering the job training programs and obtaining jobs may be increased to the level of those not having such health handicaps. Given the findings of this feasibility study, it is recommended that a demonstration project be established to show whether, in similar groups of ADC recipients with health handicaps, those receiving active health intervention have a greater chance of entry and success in WIN/CETA job training and ongoing employment. By including a larger population with differing demographic characteristics, it should be possible to determine whether it is an appropriate function of WIN/CETA to provide job related medical programs.

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I am first of all indebted to the professional staff of the Project. Without the efforts of Mrs. Nancy Brown, the Project coordinator, this program would not have been possible. She established liaison with area agencies, secured client referral, initiated the job motivation course, and worked with clients at all stages of their progress to further their entry into CETA job training and employment. Mrs. Muriel Dickey, nurse-educator, cooperated with me to set up the medical unit, carried out the health evaluation procedures, administered questionnaires, obtained objective health evaluation of clients, supervised in-house health intervention programs and

worked with clients to obtain their compliance with prescribed treatment. She also worked with Mrs. Brown on home visits, transportation, child care and client referral to area health professionals. More recently Mrs. Sally Nation has replaced Mrs. Dickey and has taken on the follow-up of clients. Dr. Curtis Hanners, the Project psychologist, has been a most active member of the team, developing innovative psychological testing techniques and being responsible for individual and group counseling of clients. He trained area paraprofessionals (nutrition aides) to work with him in counseling sessions, and to encourage clients' attendance at these sessions. Further, he has made the evaluation of psychological tests, thus contributing very significantly to the value of this report. Mrs. Julie Bleier, a graduate student in the Division of Nutritional Sciences and a trained dietitian, established and supervised the weight reduction and worked with clients to obtain their cooperation. Dr. Kathleen Eickwort worked closely with me in the design of the Project and, more especially, in all phases of data analysis. She supervised data coding, the writing of computer programs, designed scores of variables, carried out computer analysis, and provided me with the factual substance of this report.

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I am grateful to Mr. Glenn Cline, Co-Coordinator of Cooperative Extension for Tompkins County, who arranged for our rental of the Project premises in the 4-H Cooperative Extension Building. He made it possible for us to make such changes in this space so as to make it possible to carry out a health program. Mr. Tom Gibson, Nutritionist for Tompkins County, arranged for us to secure the services of nutrition aides under his direction. Our thanks are due to those fine nutrition aides who have contributed to the program.

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FIELD SURVEY

Background Information

In a number of studies, poor health status has been associated with unemployment or underemployment. Health problems are a particular deterrent to employability among those with few job skills. During the years 1971-1973 the present Principal Investigator carried out a health survey in Upstate New York. The sample population consisted in 469 middle-aged rural-urban fringe women who were, or had recently been, recipients of ADC. In this group, current medical complaints, nervous symptoms, and physical and mental disabilities were associated with unemployment. Most medical findings were preventable chronic ailments. Dental decay and untreated dental disease was prevalent. There was a high incidence of obesity which was associated with unemployment, an association explained by secondary disabling diseases including hypertension, diabetes, and non-rheumatic cardiac disorders. Disabilities arising in early life influenced current work status. Past employment was related directly to education and job skills, and inversely to the number of pregnancies.

On the basis of these findings, it was recommended that a necessity existed for the development of positive health attitudes in low income populations, as well as the provision of early and preventive medical and dental care, health education, the development of exercise and diet programs, to control obesity, and comprehensive rehabilitation by a team approach. It was suggested that these medical services be provided as a component of federal job training programs (Roe, D. A. and Eickwort, K. R. Health and nutritional status of working and non-working mothers in poverty groups. Research & Development Contract No. 51-36-71-02, Manpower Administration, USDL, 1973).

Sample Population

The caseload has consisted in 12 male and 59 female clients between the ages of 18 and 52 years, eligible except for health problems, for CETA job training programs. These persons were all residents of Tompkins County, New York. Client referral was from area agencies including the Tompkins County Department of Social Services, Cooperative Extension of Tompkins County, New York State Employment Service, the Tompkins County Personnel Office, EOC, OVR, Mental Health Rehabilitation, as well as via area health personnel including public health nurses and private physicians. Clients also came to the program through hearing of its existence via news media (see Table 1, Progress Report, June 1975). In all, 71 persons have been seen, of whom 1 did not complete a health evaluation, and 10 have not been in the program long enough for adequate follow-up. Demographic characteristics of the subsample of 60 persons for whom we have follow-up are shown in Tables 1-5 inclusive.

Description of the Project

The feasibility study was carried out between December 8, 1974 and August 15, 1975. During this period, the clients were interviewed, examined, and given health rehabilitation in the facility at the 4-H Cooperative Extension Building on Fulton Street in Ithaca, New York. Within the facility a room was equipped for physical examinations, and space was adequate for interviews and for group therapy sessions. Initial interviews were held with each client and at that time, health histories and work histories were obtained (Appendix 1). Indices of hypochondriasis were obtained using the questionnaire and scoring system from the MMPI Handbook (Dahlstrom, G. W. and Welch, G. S. An MMPI Handbook. The University of Minnesota Press, Minneapolis, 1960, p. 560). Motivation was assessed by the internal-external scale of Rotter, which determines predominance of internal motivation vs. passive dependency (Rotter, J. R. et al. Internal versus external control of reinforcement and decision time. J. Personality & Social Psychol. 2: 598-604, 1965) (Appendix 2). Intelligence tests were carried out including the Wechsler test and the Shipley-Hartford test (Wechsler, D. The Adult Intelligence Scale. New York: Psychological Testing Corp., 1944; Bartz, W. R. and Loy, D. L. The Shipley Hartford as a brief IQ screening device. J. Clin. Psychol. 26: 74-75, 1970). Current health complaints were obtained using a structured list. Physical examinations performed by the Project Director assisted by Mrs. Muriel Dickey, nurse-educator included a systems review, anthropometric measurements and an assessment of exercise performance using a Harvard Step Test, and hand grip as measured with a calibrated dynamometer (Appendix 3). Routine ancillary investigations of health status included laboratory studies (blood counts, biochemical profiles, tuberculin tests, sickle cell tests, serological tests for syphilis, and special tests relating to nutritional status), also routine chest x-rays and electrocardiograms where indicated by the health history or physical examination. Clients were referred to area physicians or clinics outside the Project for special systems evaluation. Dental examinations were carried out by consultant dentists, unless the client was able to furnish evidence of recent evaluation and/or treatment.

At the completion of health evaluation a staff meeting was held to decide on the need of individual clients for health intervention. A requirement for health intervention was based on the presenting symptoms, the findings on physical examination, psychological investigation, the ancillary testing procedures, and the results of diagnostic services. Participation in physical or mental health rehabilitation was voluntary. In-house health intervention included a weight reduction program, supervised by the nutritionist, Mrs. Julie Bleier, and exercise and health education program under the direction of Mrs. Muriel Dickey, and group or individual counseling supervised by Dr. Curtis Hanners, the Project psychologist. In each of these programs the number of projected treatment sessions was pre-defined. On an individual basis, medical treatment, surgical procedures, physical therapy, prescription spectacles, hearing aids or prostheses were provided through area physicians and dental treatment was carried out as required. Clients receiving health intervention were those who had remediable disabilities. Those having severe chronic mental or physical health problems which were not believed to be amenable to rehabilitation under the program were referred to area health agencies and/or to the local Office of Vocational Rehabilitation, or to the County Mental Health Department. Clients having no demonstrable health problems were directed into CETA job training or employment as openings became available.

Clients participating in the Project were assisted by the Project Coordinator in obtaining aid from local social as well as health programs in order to facilitate job training and employment, thus clients were taken to the Planned Parenthood Clinic of Tompkins County, legal aid was provided where needed, as well as child care and transportation. The services of county nutrition aides were obtained and these women worked closely with participants, making house-calls, giving dietary information, encouraging ongoing attendance for rehabilitation procedures, and assisting Dr. Hanners in the group counseling sessions. All medical services, other than those provided in-house, were covered by Medicaid except in those few instances where clients were not yet receiving such assistance. In these latter circumstances, medical services were covered by the Project.

All participants within the Project were invited to take part in three weekly job motivation classes. These sessions were conducted by Mrs. Nancy Brown and Dr. Curtis Hanners. They were designed to prepare clients for the work world and more specifically, to give them information on the requirements for job training, how to handle a job interview, as well as work attitudes and applications and employer-employee relationships. Particular attention was given in these sessions to the problem of how clients should handle health problems in the job interview and work situation. Short presentations were made by area employers, job counselors, by members of the Cornell Health Project team, including the Director, and by CETA job holders. Movies were shown and participants engaged in role-playing dialogues (Appendix 4).

Participants were interviewed and re-examined three months after the initiation of health intervention and then again after another three months, or at the completion of the feasibility project. At the time of these follow-up sessions, progress was evaluated as well as job readiness; the latter being assessed independently by the clients and by the Project staff (Appendix 5). Participants whose health problems were solved at the time of the first follow-up, or before that time, or between the time of the three months and the latter follow-up, were referred for CETA job training or job placement

Detailed findings described below relate to the 60 clients for whom we had a period of not less than three months follow-up.

Employment History

In general, it was found that clients had poor work histories, having been employed for a short period of time in low paying jobs. The fact that four clients had never worked, and that 50 clients had worked for not more than five years totally, can only be explained in part by the number of young adults in this sample. Clients had most frequently held unskilled jobs as operatives or service workers, or they had been in semiskilled jobs, particularly in clerical work (Tables 6-10).

Medical History

The medical history of each client from birth was obtained. Each illness or accident was tabulated by diagnosis according to the International Classification (Eighth Revised International Classification of Diseases (ICDA), PHS Publ. No. 1693, USDHEW/PHS, Washington, D. C., Vol. 1, 1967, Vol. 2, 1968).

Most of the medical problems cited in the history had arisen in adult life, and in this period mental health problems had frequently occurred including predominantly neuroses, variously described as nervous breakdowns, anxiety, depression, and nervousness. Most physical problems mentioned as occurring in adult life were of long-standing, including back problems, as well as late effects of injury and surgical procedures (Tables 11-14). The medical history score for each period of the person's life was calculated as follows: 4 points for each problem causing permanent major disability; 2 points for each problem not causing major disability, but recurrent, continuous or lasting more than 6 months; and 1 point for each other problem mentioned. The overall medical history score equals the sum of the scores at birth, preschool, during the school years, post-school, and during the past year.

Current health complaints were frequently multiple. The most common symptoms were frequent nervousness, frequent tiredness, breathlessness on exertion, frequent urination, frequent headaches and tender gums, also frequent backaches (Table 15).

Physical Examination

Physical examination showed a rather low frequency of severe abnormalities. Among the commoner abnormalities encountered were dermatoses, limitation in movements of one or more parts of the body, deformities, usually minor, and other musculoskeletal problems (Table 16). Dental decay (dental caries and/or periodontal disease) and obesity were prevalent and frequently so severe as to constitute an unsightly appearance which would provide a handicap to employment (Tables 17, 18). Measures of obesity included weight and triceps skinfold thickness. Triceps skinfold thickness was negatively correlated with performance on the Harvard Step Test ($r = -.43$, $p < .001$). On the other hand, the taller the client, the better they performed on the Harvard Step Test ($r = .45$, $p < .001$).

Mental Health Assessment

As anticipated from the medical history and the number of nervous complaints, psychological problems were frequently identified among the clients. There were two with mild to moderate, and 13 with severe, neuroses. Ten persons showed evidence of emotional immaturity, and in two cases this was severe. Two clients had severe behavior disorders, and one was psychotic. Three clients had mild to moderate degrees of mental retardation. Five persons had an impaired learning ability, which includes those with mental retardation. Some degree of intellectual handicap was found in eight clients, and of these, three had severe intellectual handicaps (Tables 19-26). The hypochondriasis score was very highly correlated with the number of current symptoms ($r = .83$, $p < .001$), and with the health related job restrictions cited by the client ($r = .42$, $p < .001$), and with the degree of emotional handicap ($r = .38$, $p < .001$).

Intake of Medication

Fifty percent of the sample were taking medications. The commonest groups of prescribed drugs being taken were analgesics and tranquilizers. It was also found that 38.3% of the sample were taking over-the-counter drugs to relieve frequent headaches. This rather high usage of pain killers and psychoactive drugs may be associated with the prevalence of emotional problems (Tables 27-29).

Assessment of Handicap

Handicaps encountered among clients were classified according to the system developed by Agerholm (Agerholm, M. Handicaps and the handicapped. A nomenclature and classification of intrinsic handicaps. Roy. Soc. Health J. 1: 3-8, 1975). This system offers a method for the identification and grouping of medical handicaps which is valid for the individual regardless of his/her age; of the circumstances in which he/she lives, and of the context in which he/she is reviewed. Handicap or intrinsic handicap is identified in this system as a long-term disadvantage which adversely affects an individual's capacity to achieve the personal and economic independence which is normal for his/her peers. Key handicaps within this system include locomotor, visual, communication, visceral, intellectual, emotional, invisible, and aversive handicaps. Any one person can have one or several handicaps, or components of handicaps. A handicap score was developed by counting one for each mild to moderate component of each intrinsic handicap, and two for each severe component under the Agerholm system. By this method it was found that 31 clients (51.7% of the sample) had aversive handicaps which included gross obesity, dental decay, deformity or unacceptable smell. Twenty-eight persons (46.7% of the sample) had emotional handicaps, and 15 of these had neuroses. Intellectual handicaps were found in 8 persons (13.3%), invisible handicaps including pain disorders occurred in 6 persons (10%), locomotor handicaps in 12 persons (20%), communication handicaps in 5 persons (8.3%), visceral handicaps including disorders of ingestion or excretion in 3 persons (5%), and visual handicaps including severe visual restriction in 1 person (Table 30).

Height as an Indicator of Physical and Work Performance

In our sample population the taller clients were healthier and had a better history of work performance. Height was directly related to ability to perform in the Harvard Step Test and to the level of performance with the hand-grip dynamometer (HEIGHT vs. STOPWHEN $r = .45$, $p < .001$, HEIGHT vs. HANDGRIP $r = .53$, $p < .001$). The taller members of the sample also had less initial medical problems, lower hypochondriasis scores (a measure of sick role), less emotional handicaps and less perceived job restrictions (NUMINPR $r = -.47$, $p < .001$, HYPSCORE $r = -.33$, $p = .005$, EMOTIONL (Handicap) $r = -.34$, $p = .004$, $r = -.25$, $p = .026$). Those who were relatively taller also had less health complaints ($r = -.22$, $p = 0.45$), were thinner (SKINFOLD $r = -.23$, $p = .043$), and had less overall handicaps as determined by the Handicap score (HANDSCORE $r = -.30$, $p = .01$). It is also significant that height was related directly to education ($r = .27$, $p = 0.19$), and negatively to age ($r = -.27$, $p = .018$).

Inverse relationships between height and early neglect associated with malnutrition have previously been identified. In our previous study conducted between 1971 and 1973, including a sample population of very low income women, it was found that height was related to education ($r = .12$, $p \leq .01$); to the total number of years employed as a percentage of potential years of employment ($r = .11$, $p \leq .01$). It was also negatively related to the number of medical problems at birth ($r = -.08$, $p < .05$) and to the number of health problems in the medical history ($r = -.08$, $p < .05$). Further height was directly related to total income ($r = .11$, $p = .007$). From these findings it was concluded that the shorter the woman was, the more likely she was to have been unemployed, low in income, poorly educated, and to have had medical problems at birth and during later life (Roe, D. A. and Eickwort, K. R., cited previously). It has been shown by other studies that, whereas height is determined by genetic factors, early malnutrition and disease including infection and interactions between these variables can result in stunted growth (Bakwin, H. and McLaughlin, S. M. Secular increase in height: is the end in sight? Lancet 2: 1195, 1964; and Chavez, H. Ecological factors in the nutrition and development of children in poor rural areas. Proc. Western Hemisphere Nutrition Congress III, 1971, Futura Publ. Co., 1972, p. 265).

Findings from the present study serve to emphasize the fact that those who come from a low socioeconomic group may not only have suffered physical disadvantages in early life including primary and secondary malnutrition, which had an adverse effect on growth, but more importantly that these persons may have later disadvantages in motivation for, or performance in, work or physical work performance. From the available information it is, of course, not possible to say that association of shortness, poor education and numerous health problems through life are individual factors predictive of social failure, but rather that such factors taken together may indicate a bad prognosis with relation to employability. In support of the latter statement, it was found in the present study that height was related directly to the maximum pay categories in previous employment ($r = .23$, $p = .038$), and that progress under health intervention conducted by the Project was also directly related to height, i.e. the number of medical problems remaining at follow-up was inversely related to height (progress score $r = -.32$, $p = .013$).

Handicaps of the Obese

Evidence was obtained from the present study that obesity confers physical, emotional, and social disadvantages. The overall handicap score was directly related to fatness ($r = .34$, $p = .005$). Physical performance as reflected by the Harvard Step Test was negatively related to obesity ($r = -.43$, $p < .001$). Although it was found that the fatter the client, the greater the number of visits they made to the Project ($r = .39$, $p < .001$), remaining problems after health intervention were greater in the fatter clients ($r = -.28$, $p = .032$). Change in welfare status during the period of study was inversely related to fatness ($r = -.30$, $p = .012$).

Relationships Between Job Restrictions and Health Handicaps

Job restrictions cited by the clients were very significantly related to age ($r = .48$, $p < .001$), to the handicap score ($r = .47$, $p < .001$), to the number of medical problems occurring in adult life ($r = .49$, $p < .001$), and to the number of initial health problems defined ($r = .42$, $p < .001$). There was also a very significant relationship between job restriction and staff time spent with each client ($r = .39$, $p < .001$). A significant inverse relationship was found between the perceived job restrictions and education ($r = -.30$, $p = .01$); also an inverse relationship to previous earnings (PAYCAT $r = -.31$, $p = .01$). Previous Medicaid costs were very significantly related to job restriction ($r = .45$, $p < .001$).

Relationship Between Previous Earnings and Health Parameters

Levels of pay in previous jobs were inversely related to the number of previous medical problems (MEDHISSC $r = -.20$, $p = .07$), to the presence and severity of aversive handicap ($r = -.25$, $p = .035$), to the number of initial medical problems (NUMINPR $r = -.24$, $p = .054$). Total Medicaid charges before entry into the Project (DAYACOST r = -.30, p = .016) and to costs for Medicaid after entry into the Project (DAYBCOST r = -.29, p = .017). Education showed a direct relationship to previous pay categories (r = .28, p = .02), and those with higher previous pay categories were more likely to be working at follow-up (r = .30, p = .013).

These correlations show complex relationships between health and social factors in defining previous work and work potential.

Characteristics of Clients in the Health Intervention Program

Health intervention was made available to clients on the basis of the presence of remediable health problems and acceptance by the client of recommended treatment modalities.

Differences between the "active intervention group" and the others ("controls") were examined by rank correlations (Spearman's r). Differences which resulted in their being chosen for active intervention were as follows:

1. This group had more medical problems initially (r = .73, p < .001).
2. They were less likely to be working initially (r = -.46, p < .001).
3. They had higher overall handicap scores (r = .63, p < .001).
4. They were more likely to have an "intrinsic emotional handicap" (r = .41, p < .001) or an intrinsic aversive handicap (r = .54, p < .001).
5. They had a higher "medical history score" since leaving school till the past year (r = .48, p < .001), a larger total number of problems mentioned on the medical history (r = -.36, p = .002), and a higher overall medical history score (r = .46, p < .001).

Other incidental distinguishing characteristics of the active intervention group were:

1. They were shorter (r = .35, p = .003).
2. They were fatter (thicker triceps skinfold, r = .44, p < .001).
3. They stopped after a shorter time on the Harvard Step Test (r = .51, p < .001).
4. They had higher hypochondriasis scores (r = .44, p < .001).
5. They had more children (r = .39, p < .001).
6. They had completed fewer years of formal education (r = -.36, p = .002).
7. They had incurred more costs per day on Medicaid than the others during the control period (re. Jan. 1, 1974 - Dec. 1, 1974, r = .38, p = .004).

Results of Health Intervention

Differences between the health intervention groups and the controls during the duration of the study were examined. It was found that the health intervention group

1. Had more phone calls and personal calls as well as other contacts with the Project staff (phone calls r = .57, p < .001); personal calls

r = .57, p <.001). They also initiated more self contact (r = .52, p < .001); received more staff-initiated contacts (r = .50, p <.001); and took up more hours of staff time (r = .61, p < .001).

2. They incurred more costs per day on Medicaid than others during the Project period (r = .37, p = .002); and more costs per day on Medicaid that were traced to Project referrals or costs (r = .40, p < .001).

3. They showed a greater decrease in hypochondriasis scores than the non-intervention group (r = .43, p < .001).

At three months, the active intervention group still had a greater percentage of their medical problems not yet solved (r = -.58, p < .001). Many of those in the non-intervention group had one or no medical problems initially.

In spite of their initial handicaps, as documented above, by August, the overall changes in work and training status in the active intervention group were similar to that of the control during the same time (defining variable WORKAUCH as: -1 -left job or training, now not employed and not in training; 0 -no change; +1 -got job or entered training, we find that the rank correlation of WORKAUCH with INTRVENE is .01, p = .5, n.s.).

It is necessary to delineate the health problems that were easiest to solve, and the clients who benefitted most from health intervention. In general, it was found that clients with easily definable single health problems, without overlay of sick role behavior, were easiest to treat. Clients in this category were closer to work readiness on entry into the Project and also had the advantages of better health and work histories. Conversely, those with multiple health problems on entry into the Project, including overt sick role behavior, responded less well to treatment. Another question which we have had to ask is whether solution or partial solution of health problems contributed to or promoted entry into job training and employment.

Results of Health Intervention

We have obtained both direct and indirect evidence that health intervention contributed to employment at the time of follow-up. Clients working at the three months follow-up period were more likely to have received health intervention and less likely to have residual health problems.

Problems and Progress

We must address ourselves to consideration of the specific problems encountered which were a hindrance to the performance of the feasibility study. At the beginning, client referral was slow, and those clients who were sent to see us were those who had made little or no progress with other agencies. They were multi-problems people with numerous health problems, a poor work history including very limited job skills, and they had been in receipt of welfare over a long period of time. Thus, we started out with hard to reach, hard to teach clients whose motivation to overcome health problems was not well developed. We found ourselves adopting a custodial care role with those clients least likely to succeed. This meant that these persons were most likely to take up staff time with phone calls, visits and other supportive activity. Another problem which we encountered was the limited number of job training programs in the area, which clients could enter through the aegis of CETA. Indeed, initially job training other than OJT was limited to courses at the Tompkins-Cortland Community College where clerical skills were offered. Limitation in job openings was also apparent. Initially some of our clients did poorly in job interview, either because they presented themselves badly, or because they referred back to previous health problems which had previously been work deterrents.

Non-compliance with prescribed treatment was not uncommon. Less motivated clients missed appointments whether these were for health groups working within the Project or outside medical visits on referral.

Greatest progress and health change was achieved in relation to dental problems, visual impairment (provision of corrective glasses), hearing difficulties (provision of hearing aids), musculoskeletal problems (physical therapy), and overcoming sick role behavior (individual or group counseling). Progress in weight reduction was modest, and this may be attributed in part to the fact that the program was only offered for 12 weeks as active intervention, and because our clients had very long-term obesity. Treatment progress at the end of the three months follow-up period is shown in the following tables (Tables 31-35).

In examining the number of medical problems solved or partially solved at the end of three months (Table 36), as well as the number of old problems unchanged at three months, it can be seen that clients' progress has been slow (Table 37). Residual medical problems consisted chiefly of emotional disabilities and obesity. Slow response of these health problems to therapy was not unexpected, more especially because of their chronicity.

Despite slow improvement in the health of some clients, entry of clients into job training and/or employment increased with time of Project participation. Whereas initially 39 of the 60 clients were not working and 21 were working, and at 3 months the same number were working or in job training, as of August 15, 1975 24 clients were working, 32 not working, and for 4, status was unknown. It is more meaningful to state that as of August 15th, 8 persons were in training or working who initially had been outside the work force. However, as of the latter date, 3 persons who were initially working or in training were now unemployed, and 45 of the clients had stayed in their original employment or non-employment status. It is to be noted that 11 of the clients who were working at the time of entry into the Project had health problems, and would not have been able to maintain their training or work status but for the availability of the program (See also Table 38 showing employment status as of Sept. 1).

Participation of Clients in CETA Job Training or Employment

Participation of Cornell Health Rehabilitation Project clients in Tompkins County CETA programs was such that between January, 1975 and

September, 1975, 23 clients held CETA jobs (Titles I and VI), 4 clients were enrolled in the Spring 1975 secretarial course at the Tompkins-Cortland Community College, 3 took part in a summer remedial reading program, and 4 are participating in the Fall 1975 secretarial course at the Community College. The total Tompkins County CETA program population were as follows:

Title I, Spring 1975 secretarial course -15
Summer remedial reading - 4
Fall 1975 secretarial course - 17
Title VI, approved for training - 23.

Indicators of the Effectiveness of Health Intervention in Terms of Employability

Changes in health status brought about by intervention range from solution of physical problems to conquest of sick role behavior. The professional team had a strong impression that as health problems were overcome, so the clients felt they could play a role in determining the direction of their lives or life style. In support of these impressions, verbally communicated by the staff, it was found that change in the internal-external score indicating increased self-confidence was directly associated with the reduction in the number of complaints between the initial visit and the three months visit ($r = .26$, $p = .045$). Further, those who showed a change in the internal-external score in the direction of self-reliance were more likely to be working in August ($r = .39$, $p = .005$).

Medicaid Expenditures and Client-Related Medical Charges to the Project

Medicaid charges were obtained for each client for a control period before the entry into the program, and for the duration of the Project. Medicaid charges as computed from records obtained from the Tompkins County Department of Social Services were divided as follows:

1. Costs during the control period before the Project started, viz. January 1, 1974 - December 1, 1974.

2. Medicaid charges after initial contact of the client with the Project until the termination of the feasibility study or the last billed item on Medicaid records.

3. The costs during the latter period for which the Project was responsible because of referrals.

4. Costs for which the project was responsible but were not yet billed.

These charges in the four different categories are itemized in Table 39. In examining the costs in Category 1, it can be seen that the items requiring the greatest expenditure per client were doctors' office visits, pharmacy charges, hospitalization, and appliances. During period 2 after the clients had begun to attend the Project, the Medicaid paid costs appeared to be reduced for doctors' office visits and accident room visits. In view of the dissimilar periods for which Medicaid costs were obtained before and after the Project, these differences must be interpreted cautiously. Medicaid costs for which the Project was responsible through referrals were chiefly in the categories of hospitalization, dental visits and charges for appliances.

Medicaid charges for clients during the period before the Project started were very significantly related to the charges for these clients after the Project started (DAYACOST vs. DAYBCOST $r = .55$, $p < .001$). DAYACOST was also very significantly related to the medical history score during the school period ($r = .39$, $p < .001$), to the medical history score during adult life ($r = .58$, $p < .001$), and to the number of medical problems cited in the last year ($r = .45$, $p < .001$). The higher the Medicaid expenditures for clients prior to entry into the Project, the greater number of contacts and visits they made to the unit (NUMCALLS $r = .47$, $p < .001$; NUMVIST $r = .49$, $p < .001$; STAFINIT $r = .56$, $p < .001$; NUMSUPP $r = .38$, $p < .001$). Those working at the three-month follow-up visit were less likely to have sustained high Medicaid expenditures prior to entry into the Project (WORKIN2 $r = -.07$, $p < .001$).

Medicaid costs totally during the period of the Project for clients were directly related to health referrals made by the Project team ($r = .54$, $p < .001$). Medicaid costs during the study were also very significantly correlated with the total number of medical problems ($r = .43$, $p < .001$), to a number of medical problems occurring in adult life ($r = .49$, $p < .001$), and to the total medical history score ($r = .46$, $p < .001$). Clients working at the three months follow-up incurred lower Medicaid expenditures during this period ($r = -.39$, $p < .001$).

Medicaid costs attributable to our referrals were related very significantly to the total number of initial medical problems ($r = .50$, $p < .001$). It is of particular importance to note the Medicaid costs attributable to Project referrals were higher also in those who had more medical problems remaining at the three months follow-up visit ($r = .39$, $p < .001$), and were inversely related to whether the client was working at the time of follow-up ($r = -.31$, $p < .009$). From this it is inferred that those with multiple initial health problems are not only more costly with respect to health intervention, but also that their chances of being rehabilitated so that they can enter the work force within a short period of time is less than that of other clients with less health handicaps. However, the percentage of medical problems solved was also related to the Medicaid referral costs attributable to the Project ($r = .24$, $p = .053$). Change in hypochondriasis scores was inversely related to Medicaid costs attributable to the Project, which suggests that a persistent sick role behavior may have accounted for some of the referrals.

Project Costs (December 1, 1974 - August 1, 1975)

The costs of undertaking the feasibility study were moderate and less than those anticipated. Savings relative to the Project budget were made in the personnel category, by reduction in the total number of staff. Two full-time staff worked with the Project; that is, the nurse-practitioner, Mrs. Muriel Dickey, and the Project coordinator who also acted as social worker, Mrs. Nancy Brown. The position of mental health counselor, as invisaged by the original budget, was replaced by the Project psychologist, Dr. Curtis Hanners, who worked half-time and was paid by combining the projected budgeted salaries for the mental health counselor and a physical therapist. No physical therapist was employed, since it was possible to refer clients under Medicaid to the Rehabilitation Unit of Tompkins County Hospital. A dental hygienist was not employed, because clients were referred to area dentists for evaluation as well as treatment. Part-time secretarial help was obtained through employment of several persons on an hourly basis. The statistician who worked with the Project on a 50% time basis received the salary payment originally intended for the statistician, as well as the coder-keypuncher. An office cleaner was not required, since these services were carried out by the personnel at the 4-H Cooperative Extension Building. Although it was found that this staff could manage the Project and carry out the necessary duties efficiently, a need for further clerical assistance and the expertise of a social worker was particularly identified as the Project proceeded.

Savings on the original budget were also made in the categories of consultants, supplies, travel and services, as well as communication. Lower costs in these categories were only maintained because of the temporary nature of the Project. For example, purchase of medical equipment was held at a minimum although it is now considered highly desirable that further equipment and supplies for health evaluation should be obtained in order to obtain an adequate objective estimate of health status of clients. Structure alterations in the Project facility which are urgently required to offer privacy to staff and clients as well as proper accommodations for group health intervention sessions were not carried out because the principal investigator was unsure of the continuity of the Project.

Nevertheless, it has been demonstrated that health evaluation and rehabilitation can be carried out in relation to a work training program using a small professional staff, aided as was the case in the feasibility study, by paraprofessionals (Table 40).

OUTCOME AND RECOMMENDATIONS

Owing to the short duration of this feasibility study, we were not able to assess the long-term effects of health intervention on clients' work potential. In our sample population, it was clearly demonstrated that health handicaps which limit or prevent entry of welfare recipients into job training or employment are complex, being conditioned by sick role behavior, lack of motivation, long neglect, emotional problems, and obesity. Unless welfare clients are desirous to enter the work force, they are not anxious to obtain optimal health. Indeed, the prominence of sick role behavior suggests that health complaints are used as a means of excusing social and economic failure. In order for these people to acquire physical and emotional fitness for work, they must first be helped to understand the nature of their disabilities. They must be encouraged to see work as a positive personal advancement. Client profiles and their intervention are given in Appendix 6. They must also have available a health team who can fully evaluate their problems, offer remedial health intervention, and act as advocates for them in the established health care delivery systems.

Routine health screening, as available in most communities, is frequently inadequate to the needs of welfare clients who are potential WIN/CETA registrants. In order to understand their health complaints and reactions to these problems it is necessary to know that symptoms may often be cited for which it is difficult to exclude some disability in relation to employment. Recognition of sick role behavior is not easy, nor is the recognition of the synergistic effects of social (extrinsic) and health (intrinsic) handicaps. In the feasibility study we have developed methods for obtaining information which can be used in developing a complete health evaluation. Measures of physical fitness as well as of intrinsic health handicaps have been found to have a predictive value in deciding whether clients are likely to respond to rehabilitation. Common intrinsic handicaps encountered include emotional problems and aversive handicaps, and in the latter category, the most common has been obesity.

Full health evaluation has required the collaborative efforts of the professional team of the Project, as well as area dental and medical professionals. Outside services have been covered by Medicaid, in the case of our welfare clients. Referral of clients to these local health professionals and actually taking them to meet medical or dental appointments has been an integral function of the Project.

Beneficial effect of health intervention with respect to employability has often not become immediately apparent. Clients geared to patch-up medicine and dental treatment are slow to learn the advantages of full-health rehabilitation.

Non-attendance and non-compliance have also been problems. However, we have established that whereas clients who entered our active health intervention program had more medical problems initially, and were more likely to have emotional and aversive handicaps, and were less likely to be employed at all on entry, the success of this group on entering job training and/or employment was similar to that of a control group without such problems. It was further shown that the expenses of health intervention for welfare clients can be established at moderate costs in a small town community.

Based on the findings of this feasibility study, it is recommended that a full scale demonstration project be established forthwith, with essential objective of developing a model health care delivery system designed precisely to the needs of WIN/CETA clients. In order to establish the practical value of such a program to a variety of communities, it is recommended that units be established in a semi-rural community (Ithaca) and also in an urban community (Syracuse). It is recommended that the demonstration project be concerned with 1) health evaluation; and 2) health intervention.

Methods must be developed for the precise and rapid assessment of health status and for success of health for intervention. A health intervention system must be developed such that client compliance is optimized and health care be directed towards employment needs.

Under the auspices of the demonstration project it should be possible to determine to what extent ADC recipients with health-related work disabilities can be returned to the labor market through physical and mental rehabilitation: the hypothesis being that these health disabilities need to be corrected before a job can be held successfully. It has to be proven whether or not expenditures to health rehabilitation, facilitating employability, will be a cost-benefit overlying ADC recipients with health problems to remain outside the work force or to take care of their own health difficulties. It must further be established whether health rehabilitation for remediable disorders is an appropriate function of the WIN/CETA programs and to what extent health rehabilitation is an overall function of projected Manpower programs. Implementation of these recommendations is the objective of the demonstration project which has recently been funded by the Manpower Administration of the United States Department of Labor.

Table 1. Age distribution of clients

Age Category	# clients	% sample
18-20	12	20.0
21-25	9	15.0
26-30	15	25.0
31-35	11	18.3
36-40	4	6.7
41-45	5	8.3
46-50	3	5.0
51-52	1	1.7
Total	60	100.0

Mean age = 29.8 years
Median age = 28.2 years
Minimum = 18 years
Maximum = 52 years

Table 2a. Education (Last Grade Completed)

Grade	# Clients	% Sample
7	5	8.3
8	4	6.7
9	6	10.0
10	10	16.7
11	11	18.3
12	16	26.7
13	2	3.3
14	1	1.7
16	4	6.7
Missing	1	1.7
Total	60	100.0

Table 2b. Other Education

	# Clients	% Sample
None	43	71.7
Nursery school	1	1.7
Business school	1	1.7
Technical ed.	3	5.0
BOCES drawing	4	6.7
HS equiv. complete	4	6.7
" incomplete	2	3.3
Modelling	2	3.3
Total	60	100.0

Table 2c. Graduate School

	# Clients	% Sample
No graduate school	59	98.3
Some grad. school (no degree)	1	1.7
Total	60	100.0

Table 3a. Number of children

# Children	# Clients having this many children	% Sample
0	19	31.7
1	5	8.3
2	16	26.7
3	10	16.7
4 or more	10	16.7
Total	60	100.0

Table 3b. Age of youngest child, among those clients with children

Age category	#clients
1-5 yrs	25
6-10 yrs	7
11-15 yrs	7
16-20 yrs	1
21+ years	1
	41

19 clients had no children.

Mean age of youngest child = 6.1 years
Median age of youngest child = 5 years
Minimum = 1 year
Maximum = 29 years

Table 4. Marital Status

	# Clients	% Sample
Not married	43	71.7
No	5	8.3
Yes	9	15.0
No reply	3	5.0
Total	60	100.0

Table 5a. Initial Work Status

	# Clients	% Sample
Not working	39	65.0
Working	21	35.0
Total	60	100.0

Table 5b. Initial Work and Training Status

	# Clients	% Sample
Not working	39	65.0
In CETA course	2	3.3
CETA Job Title 6	16	26.7
Private job	3	5.0
Total	60	100.0

Table 6. Mean number of hours worked per week in past employment history (arithmetic mean of hrs/wk for all past and current jobs)

# Hrs/wk	# Clients	% Sample
Never worked	4	6.7
20-25	4	6.7
26-30	5	8.3
31-35	12	20.0
36-40	35	58.3
Total	60	100.0

Table 7. Mean job tenure in full years (tenure for each past job calculated by subtracting calendar year starting from calendar year ending), omitting those who had never worked

# Years	# Clients	% Sample
< 1	31	55.3
1-1.99	15	26.8
2-2.99	4	7.1
3-3.99	3	5.4
4-4.99	1	1.8
5 or more	2	3.6
Total	56	100.0

Table 8. Sum of years worked in employment history. (Tenure for each job calculated as calendar year ending minus calendar year starting.)

Total years	# Clients	% Sample
0	19	31.7
1-5	31	51.7
6-10	5	8.3
11-15	1	1.7
16-20	3	5.0
21-25	1	1.7
Total	60	100.0

Table 9. Most frequent job classification from work history

Type of job	# Clients	% Sample	% of those who had worked
Never worked	4	6.7	Missing
Professional, technical & kindred	5	8.3	8.9
Managers and administrators	1	1.7	1.8
Clerical and kindred	16	26.7	28.6
Operatives, except transport	6	10.0	10.7
Transport equipment operatives	1	1.7	1.8
Laborers, except farm	3	5.0	5.4
Service workers, except private household	24	40.0	42.8
Total	60	100.0	100.0

Table 10. Most frequent category of hourly wages in employment history

Pay category	# Clients	% Sample	% for whom data available
Up to $2/hr	29	48.3	52.8
$2.01 - $3/hr	23	38.3	41.8
$3.01 - $4/hr	2	3.3	3.6
$4.01 - $6/hr	1	1.7	1.8
Never worked	4	6.7	Missing
Information missing	1	1.7	Missing
Total	60	100.0	100.0

Table 11. From the medical history, medical problems during the preschool period causing permanent major disability (as stated by subject)

I.C.D.A. Code		Type of Disability	# Cases
43	Acute poliomyelitis	Musculoskeletal	1
56	Rubella	Deafness	1
265	Vitamin D deficiency	Musculoskeletal	1
485	Bronchopneumonia	Respiratory	1
493	Asthma	Respiratory	1
741	Spina bifida	Crippled by congenital defect	1
777	Prematurity	Crippled by congenital defect	1
788	Other general symptoms	Emotional	1
790	Nervousness & debility	Emotional	1
E819	Motor vehicle accident	Musculoskeletal	1

Table 12. From the medical history, medical problems during the school years causing permanent major disability (as stated by subject)

I.C.D.A.		Type of Disability	# Cases
265	Vitamin D deficiency	Musculoskeletal	1
370	Refractive Error (eye)	Poor eyesight	2
389	Other deafness	Partial deafness	1
485	Bronchopneumonia	Respiratory	1
493	Asthma	Respiratory	1
500	Hypertrophy-tonsils and adenoids	Other major chronic	1
590	Infections of kidney	Other major chronic	1
595	Cystitis	Other major chronic	1
725	Displacement of intervertebral disc	Musculoskeletal	1
790	Nervousness & debility	Emotional	4
983	Toxic effect of corrosive aromatics, acids and caustic alkalis	Partial deafness	1
996	Injury, other & unspecified	Musculoskeletal	1
E819	Motor vehicle traffic accident of unspecified nature	Musculoskeletal	1
E919	Over-exertion and strenuous movements	Musculoskeletal	1

Table 13. From medical history: medical problems since leaving school, but before the past year, causing permanent major disability (as stated by subject)

I.C.D.A. Code	Type of Disability	# Cases
9 Diarrheal disease	Other major chronic	2
300 Neuroses	Emotional	4
346 Migraine	Other major chronic	1
370 Refractive errors	Poor eyesight	1
389 Other deafness	Partial deafness	1
401 Essential benign hypertension	Other major chronic	2
438 Other and ill-defined cerebrovascular diseases	Musculoskeletal	1
493 Asthma	Respiratory	2
500 Hypertrophy of tonsils and adenoids	Other major chronic	1
533 Peptic ulcer	Other major chronic	1
574 Cholelithiasis	Other major chronic	1
590 Infections of kidney	Other major chronic	2
713 Osteoarthritis and allied conditions	Musculoskeletal	2
725 Displacement of intervertebral disc	Musculoskeletal	2
728 Vertebrogenic pain syndrome	Musculoskeletal	1
733 Other diseases of muscle, tendon and fascia	Musculoskeletal	1
741 Spina bifida	Crippled by congenital anomaly	1
782 Symptoms referable to cardiovascular lymphatic system	Other major chronic	1
780 Certain symptoms referable to nervous system and special senses	Other major chronic	1
784 Symptoms referable to upper gastrointestinal tract	Other major chronic	1
787 Symptoms referable to limbs and joints	Musculoskeletal	1
790 Nervousness & debility	Emotional	6
813 Fracture of radius & ulna	Musculoskeletal	1
839 Other multiple and ill-defined dislocations	Musculoskeletal	1
897 Traumatic amputation of leg	Musculoskeletal	1
996 Injury, other and unspecified	Musculoskeletal	1

Table 14. From medical history: medical problems within the past year causing permanent major disability (as stated by subject)

I.C.D.A. Code	Type of Disability	# Cases
277 Obesity	Cardiac	1
300 Neuroses	Emotional	1
303 Alcoholism	Emotional	1
346 Migraine	Emotional	1
370 Refractive errors	Poor eyesight	1
401 Essential benign hypertension	Emotional	1
493 Asthma	Respiratory	1
575 Cholecystitis and cholangitis	Other major chronic	1
590 Infections of kidney	Other major chronic	1
741 Spina bifida	Crippled by congenital anomaly	1
781 Symptoms referable to nervous system and special senses	Poor eyesight	1
787 Symptoms referable to limbs and joints	Musculoskeletal	1
790 Nervousness and debility	Emotional	8

Table 15. Current complaints elicited from a check-list in answer to the question, "Do any of the following symptoms bother you?"

Symptom	INITIALLY No. Answering Yes	INITIALLY % Sample	AT 3 MONTH INTERVIEW No. Answering Yes	AT 3 MONTH INTERVIEW % Sample
Frequent nervousness	29	48.3	15	31.3
Frequent tiredness	25	41.7	15	31.9
Breathlessness	24	40.0	8	17.4
Frequent urination	20	33.9	12	25.0
Frequent headaches	20	33.3	14	29.2
Tender gums	19	31.7	10	22.7
Frequent backache	19	31.7	12	25.0
Insomnia	18	30.0	7	14.9
Flatulence or indigestion	17	28.8	8	17.0
Chest pain	17	28.8	9	18.8
Cramps in legs	17	28.8	8	17.0
Allergies	17	28.3	11	23.4
Cough	17	28.3	12	25.0
Palpitations	16	26.7	2	4.3
Stomach pain	14	23.3	5	10.4
Bleeding gums	14	23.3	5	11.4
Arthritis	10	16.7	3	6.3
Hot flashes	9	16.1	3	6.4
Flat feet	9	15.5	4	8.3
Rash	9	15.5	4	8.3
Urinary incontinence	9	15.0	8	16.7
Constipation	9	15.0	3	6.4
Faintness	8	13.6	4	8.3
Diarrhea	6	10.0	3	6.4
Swollen ankles	6	10.0	3	6.4
Morning nausea	4	6.7	2	4.3
Paralysis	2	3.3	0	0
Seizures	1	1.7	1	2.1

Table 16. Occurrence of physical signs from medical examination

			# Clients	% Sample
Rash			10	16.7
Other skin problems			10	16.7
Loss of function			10	16.7
Site: 1 arm	2	3.3%		
neck	2	3.3		
back	2	3.3		
1 leg	1	1.7		
2 arms	1	1.7		
2 legs	1	1.7		
both arms & legs	1	1.7		
Other head problems			9	15.0
Deformities			9	15.0
Site: 1 arm	3	5.0		
back	2	3.3		
head	2	3.3		
foot	1	1.7		
back, legs, skull	1	1.7		
Other musculoskeletal problems			7	11.7
Adventitious sounds, rales, rhonchi			6	10.0
Acne			5	8.3
Heart murmur			5	8.3
Peculiar behavior during interview			5	8.3
Cough			4	6.7
Other abdominal problem			4	6.7
Partial paralysis			4	6.7
Site: 1 arm	1	1.7		
1 leg	1	1.7		
1 arm & 1 leg	1	1.7		
toes	1	1.7		
Middle ear disease			3	5.0
Scar			3	5.0
Varicose veins			2	3.3
Outer ear disease			2	3.3
Eye findings			2	3.3
Breathlessness			2	3.3
Prosthesis worn			2	3.3
Hair loss			1	1.7
Lip findings			1	1.7
Mucosa findings			1	1.7
Halitosis			1	1.7
Other chest problems			1	1.7
Lung consolidation			1	1.7
Inguinal hernia			1	1.7
Limb shortening			1	1.7
Site: 1 arm	1	1.7		

Table 17. Anthropometric measurements

	Height	Weight	Skinfold
Mean	65.230	168.852	23.623
Standard Error	0.451	6.066	1.424
Minimum	57.000	85.000	
Maximum	74.000	294.000	
Range	17.000	209.000	48.000

Table 18. Incidence of Dental Disease, Initial Visit

# With dental caries	33
# With periodontal disease	22

Table 19. Neuroses

	# Clients	% Sample
Absent	45	75.0
Mild to moderate	2	3.3
Severe	13	21.7
Total	60	100.0

Table 20. Emotional immaturity

	# Clients	% Sample
Absent	50	83.3
Mild to moderate	8	13.3
Severe	2	3.3
Total	60	100.0

Table 21. Behavior disorders

	# Clients	% Sample
Absent	58	96.7
Severe	2	3.3
Total	60	100.0

Table 22. Psychoses

	# Clients	% Sample
Absent	59	98.3
Present	1	1.7
Total	60	100.0

Table 23. Mentally retarded, congenital

	# Clients	% Sample
Absent	57	95.0
Mild to moderate	3	5.0
Total	60	100.0

Table 24. Impaired learning ability

	# Clients	% Sample
Absent	55	91.7
Mild to moderate	1	1.7
Severe	4	6.7
Total	60	100.0

Table 25. Intellectual handicap

	# Clients	% Sample
Absent	52	86.7
Present	8	13.3
Total	60	100.0

Table 26. Drug disorders, including alcoholism

	# Clients	% Sample
Absent	55	91.7
Mild to moderate	2	3.3
Severe	3	5.0
Total	60	100.0

Table 27. Total number of medications, prescribed or self-prescribed, that clients were taking at least once a day

# Medications	# Clients	% Sample
0	30	50.0
1	17	28.3
2	7	11.7
3	4	6.7
4	2	3.3
Total	60	100.0

Table 28. Number of clients using various types of prescribed medication

	# Clients	% Sample
Analgesic	11	18.3
Antacids	1	1.7
Sedatives	4	6.7
Tranquilizers	8	13.3
Diuretics	4	6.7
Diet pills	1	1.7
Female hormones	2	3.3
Thyroxin	1	1.7
Digitalis	1	1.7
High blood pressure	2	3.3
Antihistamines	2	3.3
Antibiotics	6	10.0
Topical Medications	1	1.7
Nutrient Supplements	4	6.7
Others	4	6.7

Table 29. Number of clients using various types of self-prescribed medication

Complaints for which taken:	# Taking	% Sample
Constipation	3	5.0
Headache	23	38.3
Nervousnesses	1	1.7
Insomnia	1	1.7
Pain	2	3.3
Menstrual cramps	5	8.3
Colds	3	5.0

Table 30. Long-term intrinsic handicaps among the Project's clients. (Numbers do not necessarily add up to the totals for the major category because one client may have more than one of the component handicaps present.)

Type of Handicap		# Clients	% Sample
I. Locomotor handicap		12	20.0
A. Impaired mobility in environment:			
Mild to moderate	3		
Severe	2		
B. Impaired postural mobility:			
Mild to moderate	4		
Severe	1		
C. Impaired manual dexterity:			
Mild to moderate	1		
D. Impaired exercise tolerance:			
Mild to moderate	1		
Severe	2		
II. Visual handicap		1	1.7
A. Impaired visual field:			
Severe	1		
III. Communication handicap		5	8.3
A. Impaired hearing:			
Mild to moderate	3		
B. Impaired speech:			
Mild to moderate	1		
C. Impaired reading:			
Severe	2		
D. Impaired writing:			
Severe	2		
IV. Visceral handicap		3	5.0
A. Disorders of ingestion:			
Mild to moderate	1		
B. Disorders of excretion:			
Severe	1		
C. Artificial openings	1		
V. Intellectual handicap		8	13.3
A. Mental retardation, congenital:			
Mild to moderate	3		
B. Impaired learning ability:			
Mild to moderate	1		
Severe	4		
VI. Emotional handicap		28	46.7
A. Psychosis:			
Moderate	1		
B. Neurosis:			
Mild to moderate	2		
Severe	13		

Table 30. continued

VI. Emotional handicap (con't.)		# Clients	% Sample
C. Behavior disorders:			
Severe	2		
D. Drug disorders (including alcoholism)			
Mild to moderate	2		
Severe	3		
E. Antisocial disorders:			
Severe	1		
F. Emotional immaturity:			
Mild to moderate	8		
Severe	2		
VII. Invisible handicap		6	10.0
A. Special susceptibility to trauma:			
Mild to moderate	1		
B. Intermittent prostrating disorders:			
Occasional	2		
Frequent	2		
C. Causalgia and other severe pain disorders:			
Occasional	1		
VIII. Aversive handicaps		31	51.7
A. Unsightly distortion or defect of part of body:			
Very noticeable	2		
B. Abnormalities causing socially unacceptable sight, smell or sound:			
Noticeable	17		
Very noticeable	14		

Table 31. Change in Hypochondriasis Score (3 months)

Value (Change)	# Clients	% Sample
-12.00	1	2.3
- 8.00	1	2.3
- 7.00	1	2.3
- 6.00	4	9.1
- 5.00	2	4.5
- 4.00	1	2.3
- 3.00	1	2.3
- 2.00	1	2.3
- 1.00	1	2.3
0.0	5	11.4
1.00	2	4.5
7.00	1	2.3
99.00	23	52.3
Total	44	100.0

Table 32. Changes in I-E Score (Rotter, 3 months)

Value (Change)	# Clients	% Sample
-7.00	1	2.3
-5.00	4	9.1
-4.00	2	4.5
-3.00	2	4.5
0.0	4	9.1
1.00	3	6.8
2.00	1	2.3
3.00	1	2.3
4.00	1	2.3
99.00	25	56.8
Total	44	100.0

(-) = desirable reduction

Table 33. Change in Number of Current Symptoms

Value	# Clients	% Sample
-11	1	1.7
- 8	1	1.7
- 7	2	3.3
- 6	1	1.7
- 5	3	5.0
- 4	2	3.3
- 3	5	8.3
- 2	4	6.7
- 1	9	15.0
0	12	20.0
1	2	3.3
2	3	5.0
4	3	5.0
No 3 mo. interview	60	100.0
Total		

(-) = desirable reduction

Table 34a. Progress with Caries

	# Clients	% Sample
Not applicable	27	45.0
No change	3	5.0
Some progress	8	13.3
Problem solved	9	15.0
No report	13	21.7
Total	60	100.0

Table 34b. Progress with Periodontal Disease

	# Clients	% Sample
Not applicable	38	63.3
Some progress	7	11.7
Problem solved	3	5.0
No report	12	20.0
Total	60	100.0

Table 35. Job limitations after rehabilitation

	# of clients	% of sample
No restriction	41	68.3
Cognitive skills, education	5	8.3
Ability to use both arms	3	5.0
Ability to walk unaided	1	1.7
Excessive standing	1	1.7
Heavy lifting and bending	2	3.3
Heavy physical activity	1	1.7
Reliability and emotional stability	1	1.7
Coping with stress, decision-making	1	1.7
Communicating with people	2	3.3
Work in a dusty atmosphere	2	3.3
Total	60	100.0

Table 36. Percentage of Problems Solved

Mean	24.600
Standard Error	7.365
Minimum	50.000
Maximum	+100.00
Range	150.000

Table 37. Percentage of Problems Remaining

Mean	49.700
Standard Error	7.088
Minimum	0.0
Maximum	100.00
Range	100.00

Table 38. Work status as of September 1, 1975 (Total Number of Clients)

Not working	30
Work relief	2
Jail	2
Status unknown:	
Moved	2
Missing	3
Job private sector	5
public sector	2
CETA job (Titles I & VI)	19
CETA training course	4
College, not CETA	2
Total	71

Table 39. Medicaid charges per client (A) during control period before Project started (Jan. 1, 1974 - Dec. 1, 1974); (B) during period after initial contact with Project until Project termination or last billed item on Medicaid records; (C) during the same period those costs for which Project was responsible because of referrals; and (D) costs for which Project was responsible that were not yet billed. Statistics include all clients, whether on Medicaid or not. (Those not receiving Medicaid have zero values.)

(A)

	Mean No.	Median No.	Mean Cost	Median Cost
Doctors' office visits	4.14	1.50	$57.57	$11.50
Doctor's hospital visits	.31	.07	13.97	.55
Clinic visits	.60	.12	18.21	.23
Hospitalizations	.26	.10	79.83	1.88
Accident room visits	1.48	.35	24.60	.35
Contraceptive advice	.07	.03	1.02	.16
Ophthalmologist	.21	.04	1.97	.07
Optician or optometrist	.05	.03	1.26	.08
Glasses	.12	.06	2.02	.06
Dental visits	.78	.26	21.52	.26
New dentures	.02	.01	1.52	.77
Podiatrist visits	.07	.02	.66	.21
Physical therapy	.10	.04	.78	.27
Transportation	3.64	.28	27.57	.28
X-rays	.07	.03	1.74	.08
Pharmacy charges	11.33	3.50	52.60	15.[illegible]
Appliances	.05	.03	51.16	1.28
Surgery	0	0	0	0

(B)

	Mean No.	Median No.	Mean Cost	Median Cost
Doctors' office visits	1.66	.50	$25.85	$ .50
Doctor's hospital visits	.12	.03	3.07	.41
Clinic visits	.81	.10	13.66	1.46
Hospitalizations	.12	.06	60.24	1.04
Accident room visits	.71	.21	12.16	.21
Contraceptive advice	.05	.03	1.14	.16
Ophthalmologist	.05	.03	1.03	.55
Optician or optometrist	.07	.04	1.02	.14
Glasses	.05	.03	1.19	.25
Dental visits	.98	.33	19.43	.33
New dentures	0	0	0	0
Podiatrist visits	.07	.04	.52	.26
Physical therapy	.28	.05	2.14	.38
Transportation	2.81	.33	17.64	.33
X-rays	.03	.02	.40	.13
Pharmacy charges	6.33	2.25	42.60	8.50
Appliances	.07	.03	32.14	1.56
Surgery	0	0	0	0

Table 39. Continued

(C)

	Mean No.	Median No.	Mean Cost	Median Cost
Doctors' office visits	.05	.03	$ .91	$ .16
Doctor's hospital visits	.03	.02	1.47	.27
Clinic visits	0	0	0	0
Hospitalizations	.03	.02	24.69	.27
Accident room visits	0	0	0	0
Contraceptive advice	.03	.02	.69	.36
Ophthalmologist	.0	.03	1.03	.55
Optician or optometrist	.02	.01	.36	.18
Glasses	.03	.02	.69	.36
Dental visits	.87	.24	15.93	.24
New dentures	0	0	0	0
Podiatrist visits	0	0	0	0
Physical therapy	.28	.05	2.14	.38
Transportation	.36	.06	1.86	.06
X-rays	.03	.02	.40	.13
Pharmacy charges	.36	.07	1.48	.07
Appliances	.05	.02	28.78	4.50
Surgery	0	0	0	0

(D)

Doctors' office visits	.05	.03	$ .81	$ .44
Doctor's hospital visits	0	0	0	0
Clinic visits	.03	.02	.48	.25
Hospitalizations	0	0	0	0
Accident room visits	0	0	0	0
Contraceptive advice	0	0	0	0
Ophthalmologist	.03	.02	.86	.45
Optician or optometrist	0	0	0	0
Glasses	.02	.01	.36	.18
Dental visits	.09	.05	7.91	.96
New dentures	0	0	0	0
Podiatrist visits	0	0	0	0
Physical therapy	.09	.04	1.21	.61
Transportation	0	0	0	0
X-rays	.02	.01	.26	.13
Pharmacy charges	0	0	0	0
Appliances	0	0	0	0
Surgery	.05	.03	4.39	.91

Table 40. Expenditures Dec. 1, 1974 - Aug. 1, 1975 (omitting computer costs)

OVERHEAD	
Office rental at $100/mo	800.00
Typewriter rental	148.00
Telephone	294.36
Repairs	10.81
	$ 1253.17
TRANSPORTATION	
State car, client transportation (adjusted to an 8-mo. basis, last month's bill not yet received)	$ 582.88
PERMANENT EQUIPMENT AND INITIAL SET-UP	
Medical equipment	443.73
Office equipment	24.00
Educational equipment	33.00
Initial moving expenses	40.25
	$ 540.98
CONTRACTED SERVICES	
Nutrition aides(adjusted to an 8-mo. basis, last month's bill not yet received)	946.19
Volunteer subject fees	328.00
	$ 1274.19
SUPPLIES	
Medical supplies	102.05
Office supplies	172.04
Educational	20.98
	$ 295.07
MEDICAL EXPENSES	
Tompkins County Hospital exam	27.75
Lab costs not covered by Medicaid	142.50
	$ 170.25
PERSONNEL	
Total salaries and wages, 8 mo.:	
Social worker;job counselor	6626.06
Nurse-practitioner	6626.06
Psychologist	5963.21
Assistants, (hourly)	51.45
" "	50.40
" "	646.38
"	1226.25
Coder-key puncher-statistician	4721.47
Secretary	2344.68
	$28255.96

Table 40. Continued

ONE-TIME EXPENSES	$ 540.98
MONTHLY EXPENSES	
Overhead	156.65
Transportation	72.85
Contracted services	159.27
Supplies	36.88
Medical expenses	21.28
Personnel	3531.99
	$3978.92

APPENDIX 1

HEALTH AND WORK HISTORY

(circle responses)

1. Last grade completed....1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

graduate school____________________

other education____________________

2. Are you at present
    1. married .(if 'yes', go to question 3)
    2. widowed
    3. separated
    4. divorced
    5. single
    9. no reply

3. Is your spouse working?
    1. no (if 'no', go to question 4)
    2. yes
    9. no reply

4. What is wrong? Is there a medical reason why he (she) doesn't work?

____

____

5. Do you have any medical or dental problem that interferes with your getting or holding a job?
    1. no
    2. yes
6. Do you have any medical or dental problem that interferes with your going into job training?
    1. no
    2. yes
7. Has your health (medical or dental) ever prevented you from seeking employment?
    1. no
    2. yes

(if 'yes' to any of these questions, specify which questions for each problem, and ask the following):

a. What was the problem?	1st problem question #___	2nd problem question #___
b. When did this problem start?	19__	19__

	1st problem	2nd problem
c. Does it still prevent you from working or going into training?	No Yes	No Yes
d. I. Have you had any rehabilitation or retraining because of this? II. If yes, what type? III. Who ran the program? IV. Who referred you to the program?	I. No Yes II. Type ____ III. Who ran ____ IV. Who referred ____	I. No Yes II. Type ____ III. Who ran ____ IV. Who referred ____
e. I. If you had rehabilitation or retraining, what was the outcome? II. Did you complete the program? 1 no 2 yes III. Did you get a job? 1 no 2 yes IV. Did the program help you get a job? 1 no 2 yes	I. ____ II. ____ III. ____ IV. ____	I. ____ II. ____ III. ____ IV. ____

8. Has sickness of a family member ever prevented you from seeking a job?
1 no 2 yes If yes:

A. Relationship	B. Reason	C. Year starting D. Is this still a problem? If not when did the problem end?
1. Spouse 2. Child 3. Other relative		

9. Have you ever received Workman's Compensation or any other type of disability insurance?
   1. no
   2. yes (if 'yes' ask:)

   A. What type of insurance?
      1. workman's compensation
      2. state disability insurance
      3. company disability insurance
      4. union disability insurance
      9. other

   B. What was the reason? ______
      (State medical reason)

   C. When did you start receiving it? month ______ year ______

   D. Are you still receiving payments?
      1. yes (if 'yes' go to E)
      2. no (if 'no', ask:)
         Why did you stop receiving payments?
         a. Policy ran out
         b. Doctor discharged
         c. Continued or started working
         . Other ______

   E. Has the fact that you are receiving ______ (name kind of insurance
      ever prevented you from getting a job?
      1. no
      2. yes

10. Did you ever fail a physical exam given for a job?
    1. no
    2. yes (if 'yes', ask:)
       What was the reason? ______

    ______

11. Has your health restricted the type of job you could get?
    1. no
    2. yes (if 'yes', ask:)
       Could you tell me the reasons why your health has limited
    your employment? (read each statement and ask for a yes or no answe

A. I cannot do a standing job because of my bad back.	1. no 2. yes
B. I cannot do a standing job because of my bad legs.	1. no 2. yes
C. I don't have good enough eyesight.	1. no 2. yes
D. I am hard of hearing.	1. no 2. yes
E. They won't hire people like me with skin complaints.	1. no 2. yes
F. I get nervous when I am working.	1. no 2. yes
G. I am lame or crippled.	1. no 2. yes
H. I have bad teeth.	1. no 2. ye

I Obesity 1. no 2.yes

NOT
J. My doctor told me/to take a job 1.no 2.yes
Why? ____________________________________

K. I am receiving disability insurance 1. no 2 yes

L. Other ____________________________________

12. Would you like counseling on how to cope with employment? 1. no 2. yes

13. Would you like counseling on how to cope with 'nerves'? 1. no 2. yes

14. Have you ever worked at a sheltered workshop? - 1. no 2 yes

15. Does your health at the present time interfere with your working aroung the home? (if 'yes' ask:) 1. no 2.yes

What is the problem? ____________________________________
____

When did it start? 19___

16. Are you receiving Medicaid?
1. no (if 'no' ask question 17)
2. yes

17. Have you ever applied for Medicaid?
1. no
    If not, why not?
    a. not eligible
    b. have another type of medical insurance
    c. don't want or need it
    d. don't know what it is
    e. don't know where to apply
    f. too many forms to fill out, or forms too complicated
    g. never thought about it
    h. other
2. yes
    If yes, why don't you receive Medicaid?
    a. not eligible
    b. couldn't fill out forms or finish filling out forms
    c. forgot to re-file
    d. moved
    e other ____________________________________

18. How long have you been receiving public assistance (ADC)? _____years _____total months

19. Have you been on welfare before this?
1. no
2..yes (if 'yes' ask question 20)

20. Type of aid previously received:

	When	Total months
1. ADC	19__ to 19__	________
2. Aid to blind and disabled	19__ to 19__	________
3 Home relief	19__ to 19__	________
4. Medicaid only	19__ to 19__	________
5. Other ____________________	19__ to19__	________

Pg. 5 Case #______

21. Do you have a regular family doctor?
    1. no
    2. yes ....What is his name? ____________________

22. When did you have a physical exam last?
    1. never
    2. more than 5 years ago
    3. within the last five years
    4. in the last year _______ (month) Who did it? ______________

23. Have you ever had a routine X-ray of your chest?
    1. never
    2. more than 5 years ago
    3. less than 5 years ago
    4. within the past year

24. Have you ever had your urine checked for sugar?
    1. never
    2. more than 5 years ago
    3. within the past 5 years
    4. within the last year

25. Have you ever had your blood pressure checked?
    1. never
    2. more than 5 years ago
    3. within the past 5 years
    4. within the last year

26. Have you obtained advice from any Family Planning Service?
    1. never
    2. no, but I received advice from a medical doctor
    3. within the last 5 years
    4. within the last year

27. Have you had your sight checked, other than for a driver's license?
    1. never
    2. more than 5 years ago
    3. within the last 5 years
    4. within the last year

    Who was the last person to test your eyes? Name, if known
    1. Optometrist (has gone to optometrics school) ______________
    2. Opthalmologist (MD-specialist in eyes -- old name, oculist) __________
    3. at school ______________
    4. at employment physical ______________

28. Have you ever had your hearing checked?
    1. never
    2. more than 5 years ago
    3. within the last 5 years
    4. within the last year

    Who was the last person to test your hearing? Name, if known
    1. Otologist (MD-specialist. Called also ENT ______________
    2. Audiologist (PhD) ______________
    3. Ithaca College Mobile Unit ______________
    4. Hearing Aid Salesman ______________
    5. Other

Conditions For Seeing a Doctor

29. When you are sick (for example, if you have a high fever) how soon do you see a doctor?
    1. right away (if answer is NOT 'right away", circle right answer and ask #30)
    2. after I have waited awhile
    3. I put it off as long as possible
    4. I never go to the doctor unless for an emergency
    5. Other ______________________________

Reasons for not seeing the doctor

30. Why do you delay going to the doctor? (answer all that apply)

	True	False
1. I'm afraid the doctor might hurt me		
2. I'm anxious because he might find something seriously wrong		
3. I get embarrassed by physical examination		
4. I think doctors are prejudiced against people on welfare		
5. For religious reasons		
6. I think I can take care of myself		
7. It is very difficult to leave the children		
8. I don't have the use of a car		
9. There is no bus		
10. I can't get a doctor		
11. I can't afford it		

12. Other- ______________________________

Refusal of Services

31. Has a doctor ever refused to treat you?

    1. never
    2. you live too far away
    3. He was too busy
    4. you are/were getting public assistance
    5. you missed an appointment
    6. racial discrimination
    7. other ______________________________
    9. don't know

32 Has a dentist ever refused to examine your teeth/?

    1. never
    2. you live too far away
    3. he was too busy
    4. you are/were getting public assistance
    5. you misses an appointment
    6. racial discrimination

33 . Do you have a problem obtaining medical care at office or clinic because of:
- a. hours they are open?
  - 1. no
  - 2. yes
- b. difficulty in scheduling appointments?
  - 1. no
  - 2. yes
- c. other (state problem) ______

34. Would you like to speak with a psychologist about your 'nerves' or tension?
- 1. no
- 2. yes
- 3. (only if subject volunteers this reply) I am seeing one now
  - a. Mental Health Clinic
  - b. Family & Children's Service
  - c. Private (state,if subject is willing) ______

Reason for Not Seeing The Dentist

35. Do you delay going to the dentist?
- 1. no
- 2.yes (if 'yes', ask:)
  - a. there are no dentists around here who accept Medicaid patients
  - b. it is too expensive
  - c. I am afraid he might want to take my teeth out
  - d. I am waiting until it seems really necessary
  - e I can't leave the children
  - f. I have transportation difficulties
  - g. I am really afraid of going to the dentist
  - h. other

36. Do you have a problem obtaining dental care because of:
- a. the hours they are open?
  - 1. no
  - 2 yes
- b. difficulty in scheduling appointments?
  - 1. no
  - 2. yes
  - 3. other

36A. When did you have a dental exam last?
- a. Never
- b. More than five years ago
- c. Within the last five years
- d. In the last year

B Who did it?
- a Dentist
- b. Hygenist
- c. School check-up

Case No. ____________

7. What medical services have you used in the past year?

Title or kind	Names, Addresses(if known)	Medical Coverage	# times seen in past year
Medical Doctor			
General Practitioner			
Specialists 1.			
2.			
3.			
4.			
Clinic*			
Hospital Emergency Room			
Hospital as in patient			
Dental -			
Office visit			
Hospital for extractions			

*Clinics in Ithaca:

1. Orthopedic
2. Chest x-ray
3. Immunization
4. Family Medicine Program East Center
5. Family Medicine Program Hospital Center

Case No.__________

Food Frequency Interview

38.

How many TIMES PER WEEK do you consume:

Circle correct number (if more than 7 s

Poultry	0	1	2	3	4	5	6	7	<7	________
Fish	0	1	2	3	4	5	6	7	<7	________
Hot dogs or cold cuts	0	1	2	3	4	5	6	7	<7	________
Liver	0	1	2	3	4	5	6	7	<7	________
Other meats	0	1	2	3	4	5	6	7	<7	________
Eggs	0	1	2	3	4	5	6	7	<7	________
Cheese	0	1	2	3	4	5	6	7	<7	________
Cottage cheese	0	1	2	3	4	5	6	7	<7	________
Fruit juice	0	1	2	3	4	5	6	7	<7	________
Raw fruit	0	1	2	3	4	5	6	7	<7	________
Cooked green leafy vegetables	0	1	2	3	4	5	6	7	<7	________
Beans and peas	0	1	2	3	4	5	6	7	<7	________
Instant Breakfast	0	1	2	3	4	5	6	7	<7.	________
Peanut butter	0	1	2	3	4	5	6	7	<7	________
Nuts	0	1	2	3	4	5	6	7	<7	________
Cereal breakfast foods	0	1	2	3	4	5	6	7	<7	________
Crackers or pretzels	0	1	2	3	4	5	6	7	<7	________
Macaroni, spaghetti, rice, noodles	0	1	2	3	4	5	6	7	<7	________
Soft drinks	0	1	2	3	4	5	6	7	<7	________
Coffee	0	1	2	3	4	5	6	7	<7	________
Tea	0	1	2	3	4	5	6	7	<7	________
Beer	0	1	2	3	4	5	6	7	<7	________
Wine	0	1	2	3	4	5	6	7	<7	________
Liquor(Whiskey, Scotch, Rum, Vodka)	0	1	2	3	4	5	6	7	<7	________
Ice Cream	0	1	2	3	4	5	6	7	<7	________
Cookies	0	1	2	3	4	5	6	7	<7	________
Pie, cake	0	1	2	3	4	5	6	7	<7	________
Doughnuts	0	1	2	3	4	5	6	7	<7	________
Potatoes	0	1	2	3	4	5	6	7	<7	________

2. How many servings per day do you eat of the following foods:

Bread, toast, rolls, muffins (1 slice or 1 item is a serving)	0	1	2	3	4	<4	________
Milk - including addition to other foods (8 ounces is a serving)	0	1	2	3	4	<4	________
Butter or margarine (1 tsp. is a serving)	0	1	2	3	4	<4	________

MEDICAL HISTORY

1. When were you born? ________Month _____Day _____Year

2. When you were born, did you have any medical problem?
   1. no
   2. yes (if 'yes', ask:)

   A. What was the problem? (describe as fully as possible)

   ____

   ____

   B. Did your problem result in any permanent disability?
   (do NOT read the following catagories to patient)

   0 no
   1. poor sight
   2. deafness, partial or full
   3. crippled by inborn disease or congenital anomaly
   4. late effect of birth injury (musculoskeletal)
   5. cardiac disability
   6. respiratory disability
   7. other major chronic disabilities: CP, gross developmental defects
   8. Mental retardation
   9. Minor and unspecified, including birthmarks, digestive disturbances, etc.

3. Did you have any serious illness, operation or injury before the age of 6?
   1. no
   2. yes (if'yes' ask)

	Problem 1	Problem 2	Problem 3	Problem 4
A. What was the medical problem?				
B. How long were you ill? 1. less than 6 months 2. more than 6 months				
C. Were you left with any permanent disability? 1. no 2. yes (if yes, describe)				
D. How many times did you have this problem before you were 6? 1. once 2. 2-3 times 3. recurrent incidents 4. continuously				

4. Did you have any serious illnesses, operation or injury as a school child and/or adolescent?
   1. no
   2. yes (if 'yes' ask:)

	PROBLEM I	PROBLEM 2	PROBLEM 3	PROBLEM 4
A. What was the medical problem?				
B. How long were you ill? 1. less than 6 months 2. more than 6 months				
C. Were you left with any permanent disability? 1. no 2. yes (if 'yes' describe)				
D. How many times did you have this problem as a school child or adolescent? 1. once 2. 2-3 times 3. recurrent incidents 4. continuously				

5. What was the reason for your leaving school?

1. graduated
2. they needed me at home
3. I was sick
4. I got pregnant
5 I went to work
6. I was injured
7. I got married
8. Just dropped out
9. Family moved
10. physical stigma
11. vocational training
12. I AM IN school
13. Other ________________

6. Have you had any serious illnesses, operations or injuries between the time you left school until the past year?

1. no
2. yes (if 'yes', see below)
3. does not apply (if still in school)

(circle numbered answers. Use squares for descriptions)

	PROBLEM 1	PROBLEM 2	PROBLEM 3
A What was the medical problem?			
B. How long were you ill? 1. less than 6 months 2. more than 6 months			
C Were you hospitalized at this time? 1. no 2. yes (How long?)			
D If working at that time, how long were you out of work? 0. never 1. less than 1 month 2. less than 3 months 3. 3-6 months 4. over 6 months 5. dont remember			
E. Was this covered by any type of medical insurance? 1. no 2. yes (Describe)			
F. Did you have any rehabilitation after this problem? 1. no 2. yes (Describe, and by whom?)			
G. Were you left with any permanent disability? 1. no 2. yes			
H. How many times did this occur during this period? 1. once 3. recurrent times			

7. Have you had any serious illnesses, operations or injuries in the past year?
   1. no
   2. yes (if yes, ask:)

(Circle numbered answers..use squares for descriptions)

	PROBLEM 1	Problem 2	PROBLEM 3
A. What was the medical problem (diagnosis)? B. How long were you ill? 1. less than 1 month 2. 1-3 months 3. 4-6 months 4. 6 months or more			
C. Were you hospitalized at this time? 1. no 2. yes (How long?)			
D. Were you under medical care at home? 1. no 2. yes (Describe)			
E. Are you under medical care NOW for this problem? 1. no 2. yes (Describe			
F If working, how long were you out of work? 1. never 2. less than 1 month 3. less than 3 months 4. 3-6 months 5. over 6 months 6. dont remember			
G. Were you left with any permanent disability? 1. no 2. yes (Describe)			
H. Was this problem covered by any type of medical 1. no 2. yes (Describe)			
I. Did you have any rehabilitation after this problem? 1. no 2. yes (Describe)- (Who did it)			

8. ______ How many children do you have?

a. ______ How old is your youngest?

FOR WOMEN ONLY - QUESTIONS # 9 - 23

9. ______ How many pregnancies have you had?

10. ______ What was your age at your first pregnancy?

11. ______ How many miscarriages have you had?

12. ______ Have you had any children who were stillborn? (number

13. ______ Have you had any children who were abnormal at birth?

14. Was your youngest child bottle or breast fed?
1. bottle fed
2. breast fed (for how long?)
   a. attempted for a short time
   b. less than 6 months
   c 6-12 months
   d. more than 12 months

15. Did any medical problem during pregnancy, or any disability resulting from pregnancy ever prevent you from getting a job?
1. no
2. yes What was it? ______________________________

A - or cause you to lose your job?
1. no
2. yes

16. Have you reached menopause?
1. no
2. yes (if yes, ask: Was it after surgery (hysterectomy) or from natural causes?)

17. Do you use any contraceptive method?
1. no
1. yes What?
   a. I.U.D.
   b. Diaphragm or condom
   c. Foam
   d. Other chemical
   e. Tubal ligation
   f. Hysterectomy
   g. Pill

18. Have you ever taken birth control pills?
1. no
2. yes (if 'yes', ask questions 19-23)

19. Are you taking birth control pills now?
1. no
2. yes (go to 21)

20. When did you take the pill?

from ______ to ______

from ______ to ______ Total months ________

Name of pill(s)__________________________

Reason for discontinuing _________________________

(if yes)

21. How long have you been continuously on the pill you are now taking?

______months. What is its name? ______________________________

22. What other periods if any, have you taken this pill?

from ________ to __________

from ________ to __________ Total months ________

23. Have you taken any other pill?
1. no
2. yes. What? ______________________

24. Do you desire further advice or assistance in family planning?
1. no
2. yes

Checklist:

Did you forget to tell me about any major illness, operation or injury during any period in your life concerning:

1. Heart, lungs, or other internal organs
2. Nose, ears and throat
3. Eyes
4. Stomach and GI tract
5. Arms and legs
6. Skin
7. Teeth
8. Nervousness, mental problems
9. Female problems.

If yes, fill in below.

DRUG HISTORY:

1. Do you take medications, self-prescribed, for any of the following complaints?

2. What medication do you take to relieve these complaints and how much do you need to gain relief?

COMPLAINT	Yes	No	Drug	How Long	How Often	Dose
Constipation						
Headache						
Nervousness						
Insomnia						
Pain						
Menstrual cramps						
Colds and sinus trouble						
Other (specify)						

28

F

3. What medications are you taking at the present time that were prescribed by a doctor or dentist? None ________

Type of medication	Proprietary or Name	Generic Name	Duration of intake	Frequency	Dose	Description, if name unknown
Analgesics						
Antacids						
Bowel medicine, except laxatives						
Laxatives						
Sedatives						
Tranquilizers						
Diuretics						
Diet pills						
Cortisone & related						
Female hormones (not OCA)						
Thyroid						
Digitalis and other cardiovascular						
Antihypertensives						
Antihistamines						
Anticonvulsants						
Insulin and oral hypoglycemics						
Antibiotics and sulfa drugs						
Topical						
Nutrient supplements						
Other						

I-E Score (Rotter)

MARK AN X in the box for one of the two choices for each number.

1.a Children get into trouble because their parents punish them too much.

☐ a.

b. The trouble with most children nowadays is that their parents are too easy with them.

☐ b.

2.a Many of the unhappy things in people's lives are partly due to bad luck.

☐ a.

b. People's misfortunes result from the mistakes they make.

☐ b.

3.a One of the major reasons why we have wars is because people don't take enough interest in politics.

☐ a.

b. There will always be wars, no matter how hard people try to prevent them.

☐ b.

4.a In the long run people get the respect they deserve in this world.

☐ a.

b. Unfortunately, an individuals's worth often passes unrecognized no matter how hard he tries.

☐ b.

5.a The idea that teachers are unfair to students is nonsense.

☐ a.

b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

☐ b.

6.a Without the right breaks one cannot be an effective leader.

☐ a.

b. Capable people who fail to become leaders have not taken advantage of their opportunities.

☐ b.

7.a No matter how hard you try some people just don't like you.

☐ a.

b. People who can't get others to like them don't understand how to get along with others.

☐ b.

8.a **Heredity** plays the major role in determining one's personality.

☐ a.

b. It is one's experience in li which determine what they're like.

☐ b.

9.a I have often found that what is going to happen will happen.

☐ a.

b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

☐ b.

10.a In the case of the well prepared student there is rarely if ever such a thing as an unfair test.

☐ a.

b. Many times exam questions ter to be so unrelated to course work that studying is really useless.

☐ b.

11.a Becoming a success is a matter of hard work, luck has little or nothing to do with it.

☐ a.

b. Getting a good job depends ma ly on being in the right plac at the right time.

☐ b.

12.a The average citizen can have an influence on government decisions.

☐ a.

b. This world is run by the few people in power, and there is not much the little guy can d about it.

☐ b.

13.a When I make plans, I am almost certain that I can make them work.

☐ a.

b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

☐ b.

14.a There are certain people who are just no good.

☐ a.

b. There is some good in everybody.

☐ b.

15.a In my case getting what I want has little or nothing to do with luck.

☐ a.

b. Many times we might just as well decide what to do by flipping a coin.

☐ b.

16.a Who gets to be the boss often depends on who was lucky enough to be in the right place first.

☐ a.

b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.

☐ b.

17.a As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.

☐ a.

b. By taking an active part in political and social affairs the people can control world events.

☐ b.

18.a Most people don't realize the extent to which their lives are controlled by accidental happenings.

☐ a.

b. There really is no such thing as "luck".

☐ b.

19.a One should always be willing to admit mistakes.

☐ a.

b. It is usually best to cover up one's mistakes.

☐ b.

20.a It is hard to know whether or not a person really likes you.

☐ a.

b. How many friends you have depends how nice a person you are.

☐ b.

21.a In the long run the bad things that happen to us are balanced by the good ones.

☐ a.

b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

☐ b.

22.a With enough effort we can wipe out political corruption.

☐ a.

b. It is difficult for people to have much control over the things politicians do in office.

☐ b.

23.a Sometimes I can't understand how teachers arrive at the grades they give.

☐ a.

b. There is a direct connection between how hard I study and the grades I get.

☐ b.

24.a A good leader expects people to decide for themselves what they should do.

☐ a.

b. A good leader makes it clear to everybody what their jobs are.

☐ b.

25.a Many times I feel that I have little influence over the things that happen to me.

☐ a.

b. It is impossible for me to be
lieve that chance or luck pla
an important role in my life.

☐ b.

26.a People are lonely because they don't try to be friendly.

☐ a.

b. There's not much use in tryin
too hard to please people, if
they like you, they like you.

☐ b.

27.a There is too much emphasis on athletics' in high school.

☐ a.

b. Team sports are an excellent way to build character.

☐ b.

28.a What happens to me is my own doing.

☐ a.

b. Sometimes I feel that I don't have enough control over the direction my life is taking.

☐ b.

29.a Most of the time I can't understand why politicians behave the way they do.

☐ a.

b. In the long run the people ar
responsible for bad government
on a national as well as on a
local level.

☐ b.

Hypochondriasis Test

I am going to read a list of statements about how you may feel. Please answer true or false to each of these.

1. I have few or no pains. T F
2. I have little or no trouble with my muscles twitching or jumping. T F
3. I am about as able to work as I ever was. T F
4. My sleep is fitful and disturbed. T F
5. I feel weak all over much of the time. T F
6. I am troubled by attacks of nausea and vomiting. T F
7. I have never vomited blood or coughed up blood. T F
8. I hardly ever notice my heart pounding and I am seldom short of breath. T F
9. I do not often notice my ears ringing or buzzing. T F
10. Often I feel as if there were a tight band around my head. T F
11. I am neither gaining nor losing weight. T F
12. I wake up fresh and rested most mornings. T F
13. My eyesight is as good as it has been for years. T F
14. I am troubled by discomfort in the pit of my stomach every few days or oftener. T F
15. I am in just as good physical health as most of my friends. T F
16. I have a good appetite. T F
17. I am very seldom troubled by constipation. T F
18. During the past few years I have been well most of the time. T F
19. I have numbness in one or more regions of my skin. T F
20. There seems to be a fullness in my head or nose most of the time. T F
21. I can read a long while without tiring my eyes. T F
22. I am almost never bothered by pains over the heart or in my chest. T F
23. I seldom or never have dizzy spells. T F

24. I have a great deal of stomach trouble. T F

25. The top of my head sometimes feels tender. T F

26. I hardly ever feel pain in the back of the neck. T F

27. I am bothered by acid stomach several times a week. T F

28. I have had no difficulty in starting or holding my bowel movement. T F

29. I have had no difficulty in keeping my balance in walking. T F

30. Parts of my body often have feelings like burning, tingling, crawling, or like "going to sleep". T F

31. I have very few headaches. T F

32. I do not tire quickly. T F

33. My hands and feet are usually warm enough. T F

MEDICAL CHECK-LIST AND PHYSICAL EXAMINATION

Current Symptoms

			(Circle answer) Yes no
Rash			Yes no
Morning nausea			Yes no
Allergies			Yes no
Flatulence or indigestion			Yes no
Stomach pain			Yes no
Diarrhea			Yes no
Constipation			Yes no
Cough	dry	with sputum	Yes no
Chest pain	on exertion	at rest	Yes no
Breathlessness			Yes no
Frequent tiredness			Yes no
Cramps in legs			Yes no
Palpitations			Yes no
Swollen ankles			Yes no
Frequent urination			Yes no
Urinary incontinence (inability to hold water)			Yes no
Prolapse(ask women only)			Yes no
Hot flashes			Yes no
Frequent backache			Yes no
Flat feet			Yes no
Arthritis			Yes no
Insomnia			Yes no
Frequent nervousness			Yes no
Paralysis			Yes no
Frequent headaches			Yes no
Seizures			Yes no
Faintness			Yes no

Pregnancy Yes no

DLMP________________ Date______________

Bleeding gums____ Yes no

Tender gums____ Yes no

Physical Exam

(Report Positive Findings - Site and Extent)

Skin

1. acne ____________________

2. rash ____________________

3. cyanosis ____________________

4. hair loss ____________________

5. edema ____________________

6. varicose veins ____________________

7. other ____________________

Head and Neck

a) Mouth

8. lips ____________________

9. tongue ____________________

10. mucosa ____________________

11. halitosis ____________________

12. other ____________________

b) Ears

13 outer ear ____________________

14. middle ear ____________________

____

15. other ____________________

c) Neck

16. goitre - Yes ____ No ____. If yes, max. neck circumference ____________

17. eyes ____________________

Chest

18. cough ____________________

19. breathlessness ____________________

20. deformity____

21. heart____

22. lungs____

23. other____

Abdomen

24. hernia____

25. scars____

26. other____

Musculo-skeletal System

27. deformity____

28. loss of function____

29. prosthesis worn____

30. other____

Nervous System

31. tremor____

32. paralysis____

33. stammer____

34. aphasia____

35. peculiar behavior during interview____________________________________

These physical findings____

0 would not interfere with working

1 with rehabilitation, would not interfere with working. Specify type of rehabilitation____

____

____

____

2 with rehabilitation, would limit the type of job. How ____________________

____

Specify type of rehabilitation __________________________________

____

____

____

3 would limit the type of job. How? ____________________________

____

4 would limit employment to a sheltered workshop

5 would cosmetically interfere with obtaining employment. Rehabilitation recommended ____

____

6 would prevent employment. Rehabilitation not likely to be successful

7 not able to judge whether it would affect working because diagnostic test necessary.

Comments:

Case No.________________

Anthropometry

1. Height ____ ____ ____ cm

2. Weight ____ ____ ____ kg

3. Skinfold thickness _____________mm

____

____

____

Vision and Hearing

1. Do you wear a hearing aid?
   0 no
   1 yes

2. Do you wear corrective lenses (glasses or contact lenses)?
   0 no
   1 only for reading
   2 only for driving
   3 sometimes
   4 all the time

3. Vision: If wearing glasses, test with glasses. Check if tested with correctiv
   lenses________.

Distance left eye______ Near left eye________
right eye_____ right eye______

Reading: 1st 2nd

Dynamometer reading ________________

Blood Pressure ________________

____

Vital Capacity ________________________

T ________________

R ________________

Step test:

Pulse _______ _______ _______

Time 0 1 2

Time of stoppage, if >5 min._________

Reason for stopping_____________________

Smokes?

Yes

____ >10 per day

____ <10 per day

No____

Asthma

Yes____

No_____

Cold

Yes_____

No_____

Other_______________

HEARING TESTS

	Right Ear		Left Ear	
Air Conduction	Contact	Cm. from ear	Contact	Cm. from ear
Bone Conduction	Mastoid		Mastoid	
Hearing Aid	Worn	Not worn	Worn	Not worn
Spoken Voice	Heard			
	Not Heard			

APPENDIX 4

JOB MOTIVATION COURSE

CORN U. [illegible]
2[illegible] S. [illegible]
ITHAC[illegible]
27[illegible]

April 15, 1975

This project is now ready to offer you a short course on development of employment skills and attitudes.

There will be films about working, interviews with persons who have 'made it' to successful employment, a session led by an employment expert, hints from an Ithaca employer, and a tour of your choice of a place of local employment.

Our aim is to demonstrate how a person can develop his employability and show why he might want to do so. Any change is a result of committment by the individual.

As the course dates are not yet set, we ask you to sign below if you are interested, so that we may know you want to be notified of the starting date

LEARN TO EARN

SESSION I

Plan and Process

Purpose: Arousal of hope - work as a reality.
Self image of employability - employment as a goal.

Plan: 1. Establish comfortable atmosphere, conversation.

2. Introduction of principles
   - Cornell Health Rehabilitation Project session leader
   - Cooperative Extension Communications Assistant
   - Staff Psychologist

3. Leader - short statement about intensions, lead-in for film.

4. Coop Ass't - film- "You Pack Your Own Chute" - as basis for examination of our own fears as deterrants to success. Discussion of film; participation.

5. Leader's lead-in to panel presentation - play tapes of "What work means to me" (made by secretarial CETA students)
   - Talks by persons who are working.
   - Feedback to and from participants

5. Leader - Wind-up - observations, conclusions, invitation to next session - What Jobs? - and How to Get One.

LEARN TO EARN

SESSION II

WHAT work? - and how to get it

Program plan

Introduction of today's leaders.

Introduction: (ChRP leader) Today we will work with these questions:

"What kind of job will I be best at?"

"Where is it?"

"How can I find it?"

"How can I GET it?"

Let's watch a short film that shows some people finding the answers.

Film: Your Job: Applying For It. 13½ minutes. Tells how five young people got jobs as stock clerk, secretary, salesman, beautician and draftsman. Describes their procedures, problems & experiences.

Marie Layer

Co-op Extension leader: Reviews the points the film makes.

Leads discussion if audience wants to make comments.

Wm. Gillmore - NYSES Job Counselor:

WHAT work? - and how to get it.

Review of kinds of work available in Tompkins County now.

Suggestions of ways persons can decide what kind of work they want.

Reinforces film on subject of job search, and employment interview.

Indicates the place of health problems in the interview.

Activity: by Extension leader. Divided into teams of two, everyone writes a resume to present at an interview. One person can'draw the other out', thus increasing the scope, and perhaps the validity of the resume.

Recap by CHRP leader. Invitation to next week's session...On The Job - To Stay and Grow.

LEARN TO EARN

SESSION III

On the Job - To Stay and Grow

Program Plan

Iced Coffee and lemonade available
Copies of 'To think about' and pencils also

Introduction

Short, making the speakers and topics known to the audience.

Film:

I Want to Work For Your Company - 10 min. An excellent reinforcement of last session's subject - the employment interview. Discussion of film to be kept to 5 min.

Speaker: NYSES Director - Joseph Greenberger on Making a Success of Your Job. Discussion period following. 15 min.

Speaker: DOL Manpower (State) - Frances Fenner

Film:

Person to Person - Making Communications Work For You - 10 min. How your attitudes show, and the value of positive attitudes on the job. Brief or no discussion.

Speaker: Ardella Blandford - C.U. Personnel Director as local employer on What I Want in an Employee. Discussion following. 15-20 min.

Speaker: Project Director - Daphne Roe on Your Health and Yorr Job Discussion invited.

Critique of LEARN TO EARN to be completed by audience.

Page 1 Client Interview **Case #**

1. Has there been any change in your public assistance since you first came here?

A. No.

B. Yes: From__________________________to__________________________________

This means I get:
1. more $ support
2. less $ support
3. $ support same
4. Add medicaid
5. Off medicaid

2. When you had your physical exam, the following were problems we thought needed help. Choose the words which best explain your progress with respect to each problem:

Problem:	Worse	No change	Some progress	Problem solved
A. 1. Weight reduction				
2. Peridontal disease 3. Caries				
3.				
4.				
5.				
6.				
7.				
B. New problems				
1.				
2.				

3. Do you feel you are closerrto being able to get a job than when you started with us?

A. Yes
1. I am working now, for ________________________doing____________________________
2. I am ready to work now.
3. I will be ready to work in 3 months.
4. I will be ready to work in 6 months.
5. I will be ready to work in 1 year.
6. I am looking for employment on my own.
7. I have gone to the employment service (which ones)__________________________
8. I am in job training. Program ____

B. No
1. It will be longer than 1 year.
2. I may never be able to work.(reason)____

4. The following is a list of deterrants to working. Circle any that apply.

A. I have new health problems.
B. I still have my old health problems.
C. I have new personal(or family) problems.____
D. I still have my old personal(or family) problems.
E. I am too nervous.
F. I have transportation problems.
G. I have child care problems.
H. I need job skills. Specify____
I. Other.____

5. If working: job is

A. permanent
B. temporary
C. leads to a permanent job
D. great!
E. OK, but I am not excited
F. I dislike it
G. there are no job-related problems troubling me
H. I haven't solved all the work-related problems y

Page 2. Staff Evaluation- ____month Follow-up

Case # ______
Date ______

1. Evaluation of specific client problems as delineated on page 1.

PROBLEM	PROGRESS				
	Worse	No change	Some progress	Problem solved	Unknown
A					
1. Obesity					
2. Peridontal disease					
3. Caries					
4.					
5.					
6.					
7.					
B					
New Problems					
1.					
2.					

2. Client work readiness: 1. Yes 2. No

3. Obstacles to client's employability (circle as many as possible)
   1. Low motivation
   2. Job skills limited
   3. Basic education limited
   4. Intractable physical handicaps
   5. Intractable psychological handicaps
   6. Physical isolation
   7. Welfare institutionalization
   8. Other ____________________________
   9. None

4. Case to be continued.
   1. Intervention to be continued
   2. No further intervention needed
   3. Did not receive intervention
   4. Further intervention unjustified due to:
      a. Non-participation
      b. intractable health problems
      c. Other insuperable problems

Case #

Date

Follow-up Interview

Circle 'Yes' or 'No'

I. If I wish to lose weight, I should:

a.	stop eating breakfast	Yes	No	I do this now.	Yes	No
b.	decrease total intake of food at any one meal	Yes	No	I do this now.	Yes	No
c.	Eat balanced meals	Yes	No	I do this now.	Yes	NO
d.	restrict my water intake	Yes	No	I do this now.	Yes	No
e.	take diet pills	Yes	No	I do this now.	Yes	No
f.	exercise every day	Yes	No	I do this now.	Yes	No
g.	cut down on alcoholic beverages	Yes	No	I do this now.	Yes	No

I. If I want to keep my teeth and gums healthy I will:

a.	brush teeth twice a day	Yes	No	I do this now.	Yes	No
b.	eat raw vegetables	Yes	No	I do this now.	Yes	No
c.	floss teeth every night	Yes	No	I do this now.	Yes	No
d.	drink at least 8 oz. of milk daily	Yes	No	I do this now.	Yes	No
e.	see dentist at least once a year	Yes	No	I do this now.	Yes	No
f.	Vegetables are more expensive than meat	Yes	No	I buy them	Yes	No

I. If I want to work with other people, I will:

a.	Explain my troubles	Yes	No	I do this now.	Yes	No
b.	bathe every day	Yes	No	I do this now.	Yes	No
c.	be a good listener	Yes	No	I do this now.	Yes	No
d.	get to work when I can	Yes	No	I do this now.	Yes	No

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	12/11/74	-

AGE: 18

REFERRED BY: Coop. Ext. Nutrition Aids

FAMILY POSITION: lives with mother

HEALTH HISTORY: metabolic rickets

2 operations

obesity

CURRENT REASONS FOR NOT WORKING:

low job motivation

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	4	2	91
3 MONTH:	13	2	1	

HEALTH INTERVENTION:	OUTCOME
weight control	no progress
job & school counseling	no progress
Case terminated 6/10/75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 9

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: none

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

She should enter BOCES child care ed. in Sept. 1975. Is not motivated. Little encouragement in home.

Case # 1 F Date 7-16

CASE RESUME - EMPLOYABILITY

AGE: 31

REFERRED BY: self

FAMILY POSITION: head of house

HEALTH HISTORY: psoriasis, acne, obesity

CURRENT REASONS FOR NOT WORKING:

lack of job

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	8	10	
3 MONTH:	13	12	5	

HEALTH INTERVENTION:	OUTCOME
Weight control	no change
personal counseling	attended
job counseling	success
acne	improved

	Initial	Ending
CHRP PARTICIPATION DATES:	12-11-74	6-15-75

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 11

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: factory job, 4 years

2 maid jobs, 2 months

WORK STATUS:

AT INITIAL employed - maid

AT 3 MONTH CETA training

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

CETA secretary course completed - is marrying and moving away. Is job hunting.

Case # 2 F Date 7-14-75

CASE RESUME - EMPLOYABILITY

AGE: 39

REFERRED BY: Ag. Ext. Agent

FAMILY POSITION: head of house - 3 children

HEALTH HISTORY: Inactive metabolic rickets, arthritis, gross obesity, collapsed disc

CURRENT REASONS FOR NOT WORKING:

lack of job training; physical handicaps; lack of transportation; low motivation

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	6	7	5	120
3 MONTH:	2	1	3	

HEALTH INTERVENTION:	OUTCOME
weight reduction	no change
brace for left knee	solved
Case Terminated 6/75	

	Initial	Ending
CHRP PARTICIPATION DATES:	12-11-74	6-1-75

WELFARE STATUS:

INITIAL: ADC 11 years

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 8

WORK HISTORY:

JOB SKILLS: sewing

WORK RECORD: none

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT Referred to OVR for sheltered workshop

COMMENTS REGARDING EMPLOYABILITY:

Multiple health problems and disabilities may prevent regular employment. Some degree of welfare institutionalization.

Case # 3 F Date 8-26-75

CASE RESUME - EMPLOYABILITY

AGE: 19

REFERRED BY: Will Burbank, EOC

FAMILY POSITION: Presently: married, moved to Rochester

HEALTH HISTORY: gross obesity

pregnancy - miscarriage, 3/75

CURRENT REASONS FOR NOT WORKING:

work status not known

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	4	1	
3 MONTH:				

HEALTH INTERVENTION:	OUTCOME
weight reduction	refused
Rx spectacles	refused

	Initial	Ending
CHRP PARTICIPATION DATES:	12=17=74	6=75

WELFARE STATUS:

INITIAL: none

CHANGE: Medicaid 3/75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 8

WORK HISTORY:

JOB SKILLS: secretarial

reception-clerk typist

WORK RECORD: Army Recruiting Ofc., 1973-4

CETA Title 6-Red Cross

WORK STATUS:

AT INITIAL CETA funded Title 6

AT 3 MONTH unemployed

AT PRESENT moved

COMMENTS REGARDING EMPLOYABILITY:

immature responses to life situations

Case # 4 F Date 8/26/75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	12-30-74	

AGE: 48

REFERRED BY: Cooperative Extension Agent

FAMILY POSITION: head of household - has problem teenager

HEALTH HISTORY: Nerves - 18 years; ill fitting dentures; low back pain; obesity; tenosynovitis

CURRENT REASONS FOR NOT WORKING:

lack of job availability - previous job de-funded

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	6	14	8	
3 MONTH:	7	6	5	

HEALTH INTERVENTION:	OUTCOME
counseling - group	excellent progress
counseling - job	GED course
dental evaluation	no progress
exercise	progress
weight reduction	no progress

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 9

WORK HISTORY:

JOB SKILLS: day care

WORK RECORD: 6 factory jobs - 14 yrs
migrant worker - 4 years
day care jobs - 12 years

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT assembly worker CETA OJT, ~~private sector~~

COMMENTS REGARDING EMPLOYABILITY:

Wants education and job skills - a sensible, responsible woman

Case # 5 F Date 7-21

CASE RESUME - EMPLOYABILITY

AGE: 31

REFERRED BY: Public health nurse

FAMILY POSITION: head of house - 3 children

HEALTH HISTORY: sick role, 5 years; ulcer; headaches; recent hysterectomy

CURRENT REASONS FOR NOT WORKING:

sick role behavior; depression; dermatitis; edentulous

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	11	14	
3 MONTH:				

HEALTH INTERVENTION:	OUTCOME
counseling	refused
dermatosis - mycotic	not known
dental treatment	refused

	Initial	Ending
CHRP PARTICIPATION DATES:	12-13-74	

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: switchboard, secretary, file clerk, waitress

WORK RECORD: 3 jobs, all under 1 yr tenure

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Refused help. Not anxious to be employed.

Case # 6 F Date 7-16-75

CACE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	12-13-74	

AGE: 18

REFERRED BY: Family & Children's Service

FAMILY POSITION: head of house - 2 babies

HEALTH HISTORY: 2 attempts at suicide; obesity; needs family planning

CURRENT REASONS FOR NOT WORKING: lack of job - job skills

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	17	3	
3 MONTH:	10	13	6	

HEALTH INTERVENTION:	OUTCOME
referred for family planning	advised re birth control
job-career counseling	success
personal counseling	not done
weight reduction	refused

WELFARE STATUS:

INITIAL: ADC

CHANGE: off welfare 6/2/75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 11

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: none

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH in CETA sec'y course

AT PRESENT Cornell Univ.; clerk typist

COMMENTS REGARDING EMPLOYABILITY:

Determined to work to be independent.

Is liked very well at work.

Case # 7 F Date 7-16

CASE RESUME - EMPLOYABILITY

AGE: 25

REFERRED BY: Social Services

FAMILY POSITION: married - 2 children under 6

HEALTH HISTORY: Late effects of injury, left elbow; obesity; dental caries; emotional immaturity

CURRENT REASONS FOR NOT WORKING:

Recent surgical repair of elbow; illness in family; low motivation.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	17	10	
3 MONTH:				

HEALTH INTERVENTION:	OUTCOME
Weight reduction	refused follow-up
job counseling	" "
Physical rehabilitation (late effects of injury)	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	12-23-74	

WELFARE STATUS:

INITIAL: ADC 4 mo.

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 11

WORK HISTORY:

JOB SKILLS: typing; nurses' aide

WORK RECORD: typist, 1-1/2 years
3 maid jobs - 4 mo.
nurses' aide - 1 mo.

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH unemployed-dropped CETA sec'y course

AT PRESENT unemployed

COMMENTS REGARDING EMPLOYABILITY:

Succession of health and child care problems. Failure in sec'y course. Aversive to CHRP since failure.

Case # 8 F Date 8-26-75

CASE RESUME - EMPLOYABILITY

AGE: 29

REFERRED BY: Marie Layer, nutrition aide

FAMILY POSITION: head of house - 2 children

HEALTH HISTORY: obesity; hypertension; dental caries; prediabetes

CURRENT REASONS FOR NOT WORKING:

Satisfied with public assistance and income moonlighting (housework) - transportation problems.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	6	10	5	
3 MONTH:	5	5	2	

HEALTH INTERVENTION:	OUTCOME
weight reduction	some progress
hypertension	" "
Caries	solved
prediabetes (health educa.)	some progress

Case terminated 6-19-75.

	Initial	Ending
CHRP PARTICIPATION DATES:	12-30-74	6-19-75

WELFARE STATUS:

INITIAL: ADC, 6 years

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: switchboard operator housework

WORK RECORD: Switchboard, NY Telephone Co, Ithaca-Cortland 7/63-12/64

Housework, private individuals, 8 mo. 1974

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

See reasons for not working. Client is firm about her position.

Case # 9 F Date 8-26-75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	12-31-74	4-30-75

AGE: 31

REFERRED BY: Coop. Extension, M. Cooke

FAMILY POSITION: married, head of house-2 children

HEALTH HISTORY: periodontal disease; late effects of injury, right shoulder; obesity

CURRENT REASONS FOR NOT WORKING:

no physical deterrants, with exception of no heavy lifting

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	5	4	98
3 MONTH:	10	0	3	

HEALTH INTERVENTION:	OUTCOME
dental treatment	refused
weight reduction course	poor
Case terminated 4/30/75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: Less $ support 4-30-75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 9

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: laborer & janitor jobs, 5 yrs. total

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH "

AT PRESENT work relief at county farm

COMMENTS REGARDING EMPLOYABILITY:

Poor concept of what working implies.

Case # 10 M Date 8-26-75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	12-30-74	2-75

AGE: 29

REFERRED BY: Cooperative Extension nutrition aide

FAMILY POSITION: head of household - 2 children

HEALTH HISTORY: limitation, right shoulder; dental caries; periodontal disease; episodic alcoholism; neurosis

CURRENT REASONS FOR NOT WORKING:

None. Is working- Africana Studies, Cornell as receptionist-secretary

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	15	10	
3 MONTH:	3	12	2	

HEALTH INTERVENTION:	OUTCOME
Rehab. right shoulder	progress
Psych. counseling	progress
Dental caries	solved

WELFARE STATUS:

INITIAL: ADC, 25 mo.

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: riviter; sales; drill press op.; insp.; waitress; insurance consultant

WORK RECORD: sales lady, 1965, 1 yr. Ithaca Gun co., 2 yrs; country club, Ithaca, 9/73; Metropolitan Life Ins., 1 yr.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH CETA Sec'y. course

AT PRESENT CETA job, Title 1, OJT

COMMENTS REGARDING EMPLOYABILITY:

Problems stemmed from unemployment. Well placed in job. Good prospect for Success.

Case # 11 F Date 3-26-75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	1/2/75	2/75

AGE: 21

REFERRED BY: Will Burbank, EOC

FAMILY POSITION: alone-child in foster home

HEALTH HISTORY: episodic drinking; behavioral disorders; hearing loss, chronic endocarditis; asturia, chronic bronchitis; limited flexion middle fingers, both hands

CURRENT REASONS FOR NOT WORKING:

Disorganized life style

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	18	15	
3 MONTH:				

HEALTH INTERVENTION:	OUTCOME
Breathing exercises	did not cooperate
hearing testing	↓
dental treatment	
counseling	
Case terminated 2/75	

WELFARE STATUS:

INITIAL: not on

CHANGE: home relief 1/15/75 (DATE)

CHANGE: off P.A. 1/27/75 (DATE)

EDUCATION: GRADE 11

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 3 short-term jobs, total 10 months

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH "

AT PRESENT " Moved?

COMMENTS REGARDING EMPLOYABILITY:

Inability to relate to establishment work patterns. Basic social disorganizatio

Case # 12 F Date 8-26-75

CASE RESUME - EMPLOYABILITY

AGE: 19

REFERRED BY: Human Ecology - Mildred Crance

FAMILY POSITION: single

HEALTH HISTORY: Healthy

CURRENT REASONS FOR NOT WORKING:

In Jail

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	13	3	2	
3 MONTH:	8	19	1	

HEALTH INTERVENTION:	OUTCOME
no physical problems	

	Initial	Ending
CHRP PARTICIPATION DATES:	12-19-74	5-8-75

WELFARE STATUS:

INITIAL: not on

CHANGE: Medicaid 3/75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: printer

WORK RECORD: 1 job printer - 1 yr.

1 job manual labor - 1 yr.

WORK STATUS:

AT INITIAL CETA job, printer, title 1

AT 3 MONTH "

AT PRESENT jail

COMMENTS REGARDING EMPLOYABILITY:

Ambitious - likes printing.

Case # 13 M Date 8-27-75

CASE RESUME - EMPLOYABILITY

AGE: 35

REFERRED BY: D.A. Roe, M.D.

FAMILY POSITION:

HEALTH HISTORY: Chronic Bronchitis
Neurasthenia

CURRENT REASONS FOR NOT WORKING:
Health problems -sick role behavior
-resp. problem
Low motivation
Family problems

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	12	23	12	72
3 MONTH:	9	24	12	

HEALTH INTERVENTION:	OUTCOME
Rehab. respiratory disease	No change
(through non compliance therapy)	

	Initial	Ending
CHRP PARTICIPATION DATES:	1.8.75	

WELFARE STATUS:
INITIAL: ADC 36 mos
CHANGE: (DATE)
CHANGE: (DATE)

EDUCATION: GRADE 7

WORK HISTORY:
JOB SKILLS: none

WORK RECORD: machine operator 1967

WORK STATUS:
AT INITIAL Unemployed
AT 3 MONTH Unemployed
AT PRESENT Unemployed

COMMENTS REGARDING EMPLOYABILITY:
Indicated interest in companion job, but has not sought work- CHRP help

Case # 14 F Date 8/27

CASE RESUME - EMPLOYABILITY

CHRP PARTICIPATION DATES: Initial 1/6/75 Ending

AGE: 19

WELFARE STATUS:

REFERRED BY: Coop.Extn.Nutrition Aide

INITIAL: ADC

FAMILY POSITION: Head of house - 2 children

CHANGE: (DATE)

HEALTH HISTORY: Anemia

CHANGE: (DATE)

Chronic endocarditis

EDUCATION: GRADE High School Equivalency

WORK HISTORY:

JOB SKILLS: Key punch operator

CURRENT REASONS FOR NOT WORKING:

Lack of job availability

WORK RECORD: Volunteer nurse's aide in hospital - 1 yr.; business office - 2 mo.; ODT-MDTA Cornell - 7 mo.

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	9	7	
3 MONTH:	12	7	2	

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT Community College student

HEALTH INTERVENTION:	OUTCOME
Treatment of anemia	some progress

COMMENTS REGARDING EMPLOYABILITY:

Has scholarship for college business course.

Intelligent, organized, pleasant.

Case # 15 F Date 8.26.75

CASE RESUME - EMPLOYABILITY

AGE: 32

REFERRED BY: Coop.Extn. Aide

FAMILY POSITION: Head of house - 1 child under six

HEALTH HISTORY: Gross obesity

Periodontal disease

Depressive neurosis-response to husband's suicide

Refractive error

CURRENT REASONS FOR NOT WORKING:

none

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	9	5	
3 MONTH:	10	3	3	

HEALTH INTERVENTION:	OUTCOME
Weight reduction	some progress
Dental therapy	some progress
Corrective lenses	solved
Counselling(individual)	solved

	Initial	Ending
CHRP PARTICIPATION DATES:	1.16.75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: Off ADC 4.17.75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: Cab driver

WORK RECORD: Cab driver 6 mos.

2 jobs, machine operator 1 yr

nurse's aide 1 yr.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Working, private sector

AT PRESENT Working, private sector

COMMENTS REGARDING EMPLOYABILITY:

Highly motivated to attain economic independence. Attended TC3 part time Spr.'75. Works full time in kitchen at nursing home.

Case # 16 F Date 8/27/75

CASE RESUME - EMPLOYABILITY

GE: 40

EFERRED BY: Mental health halfway house

AMILY POSITION: Single, lives alone

EALTH HISTORY: Dependent personality

atrogenic apathy and attendent ill health.

ross obesity - sudden onset

URRENT REASONS FOR NOT WORKING:

Rehabilitation process incomplete

Vorks part time

EST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	9	6	103
3 MONTH:	4	9	3	

EALTH INTERVENTION:	OUTCOME
/eight reduction	no progress
Stopping intake psychoactive drugs	success
Cooperation w/ mental health agency on social rehabilitation	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	1/9/75	

WELFARE STATUS:

INITIAL: Home relief

CHANGE: - (DATE)

CHANGE: - (DATE)

EDUCATION: GRADE 12 & LPN training 1956

WORK HISTORY:

JOB SKILLS: Nursing (skills unused)

WORK RECORD: 9 years factory work until 1972

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT employed part time, public sector

COMMENTS REGARDING EMPLOYABILITY:

Warm, social. Immature self image. Works in mental health half-way house. Receptionist.

Case # 17 F Date 9/1

CASE RESUME - EMPLOYABILITY

AGE: 28

REFERRED BY: EOC

FAMILY POSITION: Single, no children

HEALTH HISTORY: Normal

History of syphilis treated

CURRENT REASONS FOR NOT WORKING:

Employed

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	11	11	
3 MONTH:		12	4	

HEALTH INTERVENTION: OUTCOME

None

	Initial	Ending
CHRP PARTICIPATION DATES:	1.17.75	

WELFARE STATUS:

INITIAL: HR

CHANGE: Off 4.15.75 (DATE)

CHANGE: Off medicaid (DATE)

EDUCATION: GRADE 8 studying for G.E.D.

WORK HISTORY:

JOB SKILLS: Cashier

Clerk typist, CETA trained

WORK RECORD: Cashier 2 yrs

Maid 2 yrs 1967-71

County offices at present

WORK STATUS:

AT INITIAL CETA job, title 6

AT 3 MONTH CETA job, title 1

AT PRESENT " "

COMMENTS REGARDING EMPLOYABILITY:

Her work is liked

Case # 18 F Date 8.27.75

CASE RESUME - EMPLOYABILITY

AGE: 20

REFERRED BY: EOC

FAMILY POSITION: Single

EALTH HISTORY: Moderate obesity

Periodontal disease

URRENT REASONS FOR NOT WORKING:

employed

EST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	9	5	98
3 MO[illegible]H:	11	[illegible]	4	

EALTH INTERVENTION:	OUTCOME
Weight reduction	slight progress
Diet counselling	progress
Job counselling	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	1.17.75	

WELFARE STATUS:

INITIAL: Not on

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 11, studying for G.E.D.

WORK HISTORY:

JOB SKILLS: Clerk typist

WORK RECORD: Store cashier 9 mo. '73; factory driss press 3 mo '73; CETA title 6 '74; 1.clerk typist; 2. key punch operator '75.

WORK STATUS:

AT INITIAL CETA funded, title 6

AT 3 MONTH CETA funded, title 1 (OJT)

AT PRESENT " " "

COMMENTS REGARDING EMPLOYABILITY:

Immature responses. Needs guidance.

Case # 19 F Date 8.27.75

CASE RESUME - EMPLOYABILITY

AGE: 20

REFERRED BY: EOC

FAMILY POSITION: lives with parents

HEALTH HISTORY:

mild nummular dermatitis - legs;

apocrine cyst; subluxation shoulder joint

CURRENT REASONS FOR NOT WORKING:

student

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	7	5	3	
3 MONTH:				
6 months:	7	4	2	

HEALTH INTERVENTION:	OUTCOME
orthopedic surgery, shoulder	successful
(client initiated)	

	Control	Initial	Ending
CHRP PARTICIPATION DATES:		1-22-75	

WELFARE STATUS:

INITIAL: Not on

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 14 Attending SUNY

WORK HISTORY:

JOB SKILLS: janitorial; teachers' aide; machinist; bus driver

WORK RECORD: janitor service, day camp, factor, high school gym, 1972-75

WORK STATUS:

AT INITIAL CETA, title 6

AT 3 MONTH "

AT PRESENT Student, 4 yr. college

COMMENTS REGARDING EMPLOYABILITY:

Is very well liked by employers.

Studying to be physical education teacher.

Case # 20 M Date 3-27-75

CASE RESUME - EMPLOYABILITY

CHRP PARTICIPATION DATES: Initial 1.22.75 Ending

AGE: 18

WELFARE STATUS:

REFERRED BY: EOC

INITIAL:

FAMILY POSITION: Single

CHANGE: (DATE)

HEALTH HISTORY: Obesity

Flat feet

CHANGE: (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: Short order cook MDTA trained 1972

CURRENT REASONS FOR NOT WORKING:

Arrested 4/75

WORK RECORD: Factory work 1 mo. '74; short order cook 1 mo '74; custodian EOC title 6 2 mo. '75.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	3	2	
3 MONTH:	no	follow up		

WORK STATUS:

AT INITIAL CETA OJT, title 6

AT 3 MONTH Unemployed

AT PRESENT Jail

HEALTH INTERVENTION:	OUTCOME
weight reduction	no progress

COMMENTS REGARDING EMPLOYABILITY:

Concurrent intervention:

Halfway House progress unknown

Case # 21 M Date 8.27.75

CASE RESUME - EMPLOYABILITY

AGE: 45

REFERRED BY: Alcchol rehab. center

FAMILY POSITION: Head of house

HEALTH HISTORY: Hysterectomy
Ruptured disc, spinal fusion
Mental health problems - episodic
drinking, depression. Neck injury

CURRENT REASONS FOR NOT WORKING:
Likes to be at home when child finishes school
Recurring neck paid associated with sick role
behavior

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	20	18	
3 MONTH:	10	15	18	

HEALTH INTERVENTION:	OUTCOME
Physical therapy	progress
New R/ eyeglasses	solved
psychological counselling (group)	progress anxiety level

	Initial	Ending
CHRP PARTICIPATION DATES:	1.24.75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: Less, son is at home working (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: Housekeeping, assembly work, nurse's aide, bartender, file clerk

WORK RECORD: 8 years. None after 1966

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:
Welfare institutionalized
Some health impairment
Child care problem

Case # 22 F Date 8.25.75

CASE RESUME - EMPLOYABILITY

AGE: 26

REFERRED BY: Tomp. Co. Personnel

FAMILY POSITION: Lives with his parents

HEALTH HISTORY: Late effects of spina bifida - amputation L.lower leg. R.lower leg paresis. Ileal conduit (prosthesis), dental caries, refractive error folliculitis

CURRENT REASONS FOR NOT WORKING:

lack of job; transportation problems

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	9	5	
3 MONTH:	6	9	3	

HEALTH INTERVENTION:	OUTCOME
New prosthesis (1 - c)	some progress
Fitting of prosthesis(leg)	"
Eye glasses	solved

	Initial	Ending
CHRP PARTICIPATION DATES:	1.24.75	

WELFARE STATUS:

INITIAL: Not on

CHANGE: Medicaid only to SS1 (DATE) 4.22.75

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: Electrical repair, bookkeeping, typing & filing

WORK RECORD: 4 jobs clerical work - 6 months total.

WORK STATUS:

AT INITIAL Employed, CETA title 6

AT 3 MONTH Unemployed

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Work ready. Wants clerical work. Needs car with hand controls (presently unobtainable). Needs counselling to cope with employment and management of handicaps.

Case # 23 M Date 8.27.75

CASE RESUME - EMPLOYABILITY

AGE: 24

REFERRED BY: E.O.C.

FAMILY POSITION: Head of house, 1 child

HEALTH HISTORY: Depression, obesity

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	6	8	
3 MONTH:	7	4	1	

HEALTH INTERVENTION:	OUTCOME
Counselling (group)	some progress
Weight reduction	some progress

	Initial	Ending
CHRP PARTICIPATION DATES:	1.24.75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: Off medicaid (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 11

WORK HISTORY:

JOB SKILLS: Teacher Aide

WORK RECORD: 2 jobs, store clerk 3 mo.'
receptionist 4 mo. '73.

WORK STATUS:

AT INITIAL CETA title 6

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Is responsible at work. Likes challenge, learning opportunities.

Case # 24 F **Date** 8.27.75

CASE RESUME - EMPLOYABILITY

AGE: 23

REFERRED BY: Friend

FAMILY POSITION: Head of house - 2 children under 6

HEALTH HISTORY: Migraine, dental caries, anemia

CURRENT REASONS FOR NOT WORKING:

low motivation

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	1o	3	80
3 MONTH:	8	4	1	

HEALTH INTERVENTION:	OUTCOME
migraine headaches	oncontrolling medication
Dental caries	solved
nemia	ok Hb Hct

	Initial	Ending
CHRP PARTICIPATION DATES:	1.31.75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: Less support 5/6 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 13 + 1 yr. beautician school

WORK HISTORY:

JOB SKILLS: file clerk

WORK RECORD: 2 jobs as factory operative 1.1/2 years total. 1 office job(clerical),1yr.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH " CETA Title 1 OJT

AT PRESENT " 1 week 5/75

COMMENTS REGARDING EMPLOYABILITY:

Misfit in college library OJT. Restricted employability associated with lack of work ethic.

Case # 25. F Date 9.1.75

CASE RESUME - EMPLOYABILITY

AGE: 18

REFERRED BY: EOC

FAMILY POSITION: single - lives with family

HEALTH HISTORY: normal

CETA employment physical

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	5	4	0	
3 MONTH:	10	1	0	

HEALTH INTERVENTION:	OUTCOME
none	

	Initial	Ending
CHRP PARTICIPATION DATES:	1-29-75	

WELFARE STATUS:

INITIAL: not on

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 11

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 2 waitress jobs, 3 mo., '72, '74; sales, cashier job, 1 mo., '74. App. in vet practice, Cornell U., 1/13/75

WORK STATUS:

AT INITIAL CETA Title 1 OJT - lab tech

AT 3 MONTH "

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Works in School of Veterinary Medicine as lab assistant. Doing well.

Case # 26 F Date 8-26-75

CASE RESUME - EMPLOYABILITY

CHRP PARTICIPATION DATES: Initial 2-3-75 Ending

AGE: 36

WELFARE STATUS:

REFERRED BY: self, through nutrition aide

INITIAL: ADC, 8 years

FAMILY POSITION: head of house - 3 children

CHANGE: Add support 5/16/75 (DATE)

HEALTH HISTORY: poor hybiene; scabies; obesity; chest symptoms

CHANGE: (DATE)

EDUCATION: GRADE 8

WORK HISTORY:

JOB SKILLS: filing

CURRENT REASONS FOR NOT WORKING:

WORK RECORD: OJTfiling job 1 yr., 1970

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	0	12	8	
3 MONTH:	0	19	7	

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT employed, private sector

HEALTH INTERVENTION:	OUTCOME
hygiene education	success
weight reduction	no change
evaluation chest	no organic ~~disease found~~

COMMENTS REGARDING EMPLOYABILITY:

Satisfactorily employed as maid at motel. Likes work.

Case # 28 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 33

REFERRED BY: Coop. Extension, nutrition aide

FAMILY POSITION: married, lives with family

HEALTH HISTORY: folliculitis; obesity, depressive neurosis - 7 years in state mental hospital

CURRENT REASONS FOR NOT WORKING: Traumatic life experiences have had emotionally crippling effects. Welfare institutionalized.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	7	9	4	83
3 MONTH:	2	7	1	

HEALTH INTERVENTION:	OUTCOME
treatment of folliculitis	
evaluating hearing defect	no change
psychiatric counseling	progress
weight reduction	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2-3-75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 9 -

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: None since 1969 - four jobs of short duration of max. 2 mo.

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH "

AT PRESENT employed - mental health 1/2-way house, part-time

COMMENTS REGARDING EMPLOYABILITY:

Continuation of simple work part-time in sheltered environment.

Case # 29 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 28

REFERRED BY: self

FAMILY POSITION: married with family

HEALTH HISTORY: generally good; mass right breast at physical

CURRENT REASONS FOR NOT WORKING:

employed

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	7	1	0	-
3 MONTH:	7	1	1	

HEALTH INTERVENTION:	OUTCOME
none	

	Initial	Ending
CHRP PARTICIPATION DATES:	2-4-75	

WELFARE STATUS:

INITIAL: not on

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 17

WORK HISTORY:

JOB SKILLS: R.N., nursing school instructor. public health nurse.

WORK RECORD: Steady since 1969. Hospitals, VNA, public health dept., nursing school - 5 jobs.

WORK STATUS:

AT INITIAL Employed - part-time, reconstruction home

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Motivated. Capable. Husband in college here.

Case # 30 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	2-4-75	

AGE: 25

REFERRED BY: Cooperative Extension Aide

FAMILY POSITION: husband in jail - 3 children under 6 yrs.

HEALTH HISTORY: generally good - dental caries

CURRENT REASONS FOR NOT WORKING:

physical isolation; child care problems

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	3	2	1	
3 MONTH:	1	2	0	

HEALTH INTERVENTION:	OUTCOME
dental repair	problem solved

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: food service training

WORK RECORD: factory - punch press operator - 1 yr.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Wants further job training - wants driver education.

Case # 31 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 40

REFERRED BY: Social Services

FAMILY POSITION: head of house - 3 teenagers

HEALTH HISTORY: history of asthma; obesity; cervical neuralgia at initial physical exam

CURRENT REASONS FOR NOT WORKING:

limited education, lack of job skills

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	2	11	6	88
3 MONTH:	2	5	1	

HEALTH INTERVENTION:	OUTCOME
neuralgia, physical rehabilitation	problem solved
weight reduction	progress

CHRP PARTICIPATION DATES:	Initial	Ending
	2-5-75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 7 Studying for GED

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 3 jobs, manual labor, 1 yr. 3 mo. total

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Continuing high school studies. Will then apply for job skills training. High Motivation towork.

Case # 32 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 17

REFERRED BY: EOC, CETA Title 3

FAMILY POSITION: lives with family

HEALTH HISTORY: generally good

CURRENT REASONS FOR NOT WORKING:

--

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	13	11	11	
3 MONTH:	She didn't return			

HEALTH INTERVENTION:	OUTCOME
none indicated	

	Initial	Ending
CHRP PARTICIPATION DATES:	2-13-75	

WELFARE STATUS:

INITIAL: --

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 11 - still in school

WORK HISTORY:

JOB SKILLS: clerk-typist

WORK RECORD: 6 jobs during school years; in local businesses

WORK STATUS:

AT INITIAL employed

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Good reports from current employers.

Case # 33 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 37

REFERRED BY: Social Services

FAMILY POSITION: head of house - 1 child

HEALTH HISTORY: Auto accident 1973, resulting in frostbite and loss of toes, right foot. Vulvar warts, neurotic depression

CURRENT REASONS FOR NOT WORKING: unable to impress interviewer favorably

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	18	5	7	
3 MONTH:	18	15	9	

HEALTH INTERVENTION:	OUTCOME
removal of warts	solved
Support for physical rehabilita.	some progress
employment counseling	no progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2-7-75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: less (DATE)

CHANGE: -- (DATE)

EDUCATION: GRADE 11 - GED

WORK HISTORY:

JOB SKILLS: secretary

WORK RECORD: for attorney, 1 yr. farm cooperative 5 years; Cornell, 12 yrs (1 job)

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY: Depression and sick role behavior limit employability to non-challenging work.

Case # 34 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	2.10.75	

AGE: 26

REFERRED BY: friend

FAMILY POSITION: Head of house, 2 children

HEALTH HISTORY: Cholecystectomy.
Perforated uterus (IUD). Tubal ligation.
Peridontal disease.

CURRENT REASONS FOR NOT WORKING:
No job

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	3	2	1	
3 MONTH:	6	1	1	

HEALTH INTERVENTION:	OUTCOME
Dental care	Progress

WELFARE STATUS:

INITIAL: ADC

CHANGE: Off 5/75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: Hospital office work
printer's assistant

WORK RECORD: 3 jobs - store, printer,
hospital - 5 years

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Employed - CETA title 6 OJT

AT PRESENT " " "

COMMENTS REGARDING EMPLOYABILITY:
No employer response to questionnaire

Case # 35 F Date 9.1.75

CASE RESUME - EMPLOYABILITY

AGE: 27

REFERRED BY: Public Health Nurse

FAMILY POSITION: Head of house

HEALTH HISTORY: Surgical repair, knee defect.
At physical exam: Anorexia nervosa, dental caries, weakness in quadriceps, bilat.

CURRENT REASONS FOR NOT WORKING:
transportation problems, marital(divorce) problems; lack of job skills

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	3	11	9	
3 MONTH:	5	10	11	

HEALTH INTERVENTION:	OUTCOME
dental	evaluation only
counselling - support in problems (emotional)	progress
referral for orthopedic evaluation	complete
Diet counselling	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2.11.75	

WELFARE STATUS:
INITIAL: --
CHANGE: ADC 6/75 (DATE)
CHANGE: -- (DATE)

EDUCATION: GRADE 10

WORK HISTORY:
JOB SKILLS: Clerk-typist MDTA '65

WORK RECORD: none

WORK STATUS:
AT INITIAL Unemployed
AT 3 MONTH "
AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:
Seeking employment within walking distance of rural home

Case # 36 F Date 9/1

CASE RESUME - EMPLOYABILITY

AGE: 33

REFERRED BY: Coop.Extn. Aide

FAMILY POSITION: Head of house, 3 boys

HEALTH HISTORY: Bronchopneumonia, cerebral embolism, migraine. At physical exam: Visual impairment, speech defect, deafness, depressing; ill-fitting dentures

CURRENT REASONS FOR NOT WORKING:

Problems with child care and rearing

welfare institutionalized

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	14	23	14	84
3 MONTH:	10	11	8	

HEALTH INTERVENTION:	OUTCOME
referral for hearing evaluation	hearing aid
dental evaluation-new dentures	completed
new eyeglasses	completed
group counselling	some progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2.11.75	

WELFARE STATUS:

INITIAL: SS1 children ADC

CHANGE: - (DATE)

CHANGE: - (DATE)

EDUCATION: GRADE

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 4 manual jobs, factories, total 1yr. Counselling work at 'Storefront' 2 yrs. Sheltered workshop 1 mo.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Unemployable in any capacity until family problems decrease.

Case # 37 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 23

REFERRED BY: Public Health Nurse

FAMILY POSITION: Married, 3 children (2 under 6)

HEALTH HISTORY: Peridontal disease leading to extractions. At physical exam: Gastritis, caries, anemia

CURRENT REASONS FOR NOT WORKING:

Lack of job skills

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	21	11	
3 MONTH:	6	9	1	

HEALTH INTERVENTION:	OUTCOME
GI evaluation	completed
Rx for gastritis, anemia	good progress
dental care	good progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2/12/75	

WELFARE STATUS:

INITIAL: Home relief

CHANGE: - (DATE)

CHANGE: - (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: Typing

WORK RECORD: hospital - nurses' aide, 2 mo. School office - clerk, 1 yr.

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH "

AT PRESENT CETA clerical course

COMMENTS REGARDING EMPLOYABILITY:

Highly motivated to develop skills for office work.

Case # 38 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 30

REFERRED BY: NYS Emp., CETA, OJT

FAMILY POSITION: head of house - 2 children

HEALTH HISTORY: auto accident - one arm now shorter; hysterectomy; at physical: photophobia, poor hygiene

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	3	7	7	
3 MONTH:	5	5	6	

HEALTH INTERVENTION:	OUTCOME
opthalmological evaulation - no	pathology
hygiene counseling	1 session

	Initial	Ending
CHRP PARTICIPATION DATES:	4-3-75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: less support 6/10/75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 4 jobs, manual work, total 2 years duration. 1 job as factory operative, 6 mo.

WORK STATUS:

AT INITIAL CETA OJT title 6 - youth camp

AT 3 MONTH "

AT PRESENT " (laundress)

COMMENTS REGARDING EMPLOYABILITY:

Employer information re. client not available.

Case # 39 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 49

REFERRED BY: Tompkins Co. personnel

FAMILY POSITION: head of house, large family

HEALTH HISTORY: cholecystectomy; hypertension; obesity

CURRENT REASONS FOR NOT WORKING:

Employed

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	7	6	
3 MONTH:	9	9	5	

HEALTH INTERVENTION:	OUTCOME
weight reduction	progress
health counseling	progress
control of hypertension	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2-13-75	

WELFARE STATUS:

INITIAL: not on

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: factory operative, housework, nurses' aide, sales clerk - total 13 years.

WORK STATUS:

AT INITIAL CETA OJT - teacher's aide

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Physical problems severe. Likes hours, nature of job.

Case # 40 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 28

REFERRED BY: self

FAMILY POSITION: single, lives in commune

HEALTH HISTORY: essentially negative - at physical exam; personality disorders. Client refused to complete the initial interview

CURRENT REASONS FOR NOT WORKING:

self-employed

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	16	12	10	
3 MONTH:	refused--------------			

HEALTH INTERVENTION:	OUTCOME
counseling indicated	refused

	Initial	Ending
CHRP PARTICIPATION DATES:	2-17-75	

WELFARE STATUS:

INITIAL: not on

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 16

WORK HISTORY:

JOB SKILLS: clerk-typist

WORK RECORD: waitress, 2 yrs; clerk-typist, 1-1/2 yrs.; day care, 1 yr.

WORK STATUS:

AT INITIAL self-employed

AT 3 MONTH refused

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Counterculture. Incomplete evaluation.

Case # 41 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

CHRP PARTICIPATION DATES: Initial 2-18-75 Ending

AGE: 23

REFERRED BY: self

FAMILY POSITION: single

HEALTH HISTORY: normal. At physical exam, no positive findings

CURRENT REASONS FOR NOT WORKING:

No job. Wants only work which will develop chosen career.

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	0	0	
3 MONTH:	11	0	0	

HEALTH INTERVENTION: OUTCOME

none

WELFARE STATUS:

INITIAL: HR applied for

CHANGE: HR 2/25/75 (DATE)

CHANGE: work relief 5/75 (DATE)

EDUCATION: GRADE 16 B.A., social & behavioral science

WORK HISTORY:

JOB SKILLS: clerk typist

WORK RECORD: University - clerk typist, 2-1/2 yrs.; 2 jobs University, manual labor, 2 yrs.; 1 job lifeguard, 8 mo.

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH " - work reliev

AT PRESENT " "

COMMENTS REGARDING EMPLOYABILITY:

Motivated to work in child care. Obtained work relief with Day CareCouncil. Applied to church self-development fund for money to establish a job.

Case # 42M Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 20

REFERRED BY: Employer-Tompkins Co. Personnel
CETA Title 6

FAMILY POSITION: single

HEALTH HISTORY: normal at physical exam -
no positive findings.

CURRENT REASONS FOR NOT WORKING:

present work situation unknown 9-12-75

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	2	0	
3 MONTH:	9	2	0	

HEALTH INTERVENTION:	OUTCOME
None	

	Initial	Ending
CHRP PARTICIPATION DATES:	2-24-75	

WELFARE STATUS:

INITIAL: not on welfare

CHANGE: (DATE)

CHANGE: ✓ (DATE)

EDUCATION: GRADE 13

WORK HISTORY:

JOB SKILLS: --

WORK RECORD: 3 jobs - manual
labor - 6 mo. total

WORK STATUS:

AT INITIAL employed - CETA Title 6

AT 3 MONTH "

AT PRESENT unemp. as of 8/29/75

COMMENTS REGARDING EMPLOYABILITY:

Missing at present

Case # 43 M Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 19

REFERRED BY: EOC

FAMILY POSITION: single

HEALTH HISTORY: obesity; dental caries

CURRENT REASONS FOR NOT WORKING:

employed

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	5	2	88
3 MONTH:	9	4	2	

HEALTH INTERVENTION:	OUTCOME
weight reduction program	no progress
dental treatment	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2-24-75	

WELFARE STATUS:

INITIAL: H.R.

CHANGE: off H.R. 6/75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: Trainee at sheltered workshop - janitor woodworker, 2 mo., food service job, 8 mo.

WORK STATUS:

AT INITIAL employed - mental health 1/2-way house

AT 3 MONTH

AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:

Well placed as receptionist, part-time. She also is a client of the facility.

Case # 44 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 32

REFERRED BY: NYS Employment. Svc.
School Physical

FAMILY POSITION: Head of house - 3 children over 6

HEALTH HISTORY: At physical exam: Scoliosis, dental caries, top teeth missing, heart murmur, obesity, factitial acne.

CURRENT REASONS FOR NOT WORKING:

lack of job availability

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	5	7	5	
3 MONTH:	2	2	7	

HEALTH INTERVENTION:	OUTCOME
Dental treatment, dentures	completed
referral for acne Rx	progress
weight reduction	refused program

	Initial	Ending
CHRP PARTICIPATION DATES:	3/5/75	

WELFARE STATUS:

INITIAL: ADC 6 yrs.

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10 + GED

WORK HISTORY:

JOB SKILLS: none at initial - enrolled in clerical course

WORK RECORD: Day care mother 2-1/2, factory operative 1 yr.; University food service worker 1 yr.

WORK STATUS:

AT INITIAL unemployed - CETA Course Titl

AT 3 MONTH completed CETA course

AT PRESENT job interviews

COMMENTS REGARDING EMPLOYABILITY:

Interviewing for office work at 3 local businesses at present.

Case # 45 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 31

REFERRED BY: Cooperative Extension Aide

FAMILY POSITION: married-5 children, youngest 4 yr.

HEALTH HISTORY: Old history of pyelitis. Obesity; borderline mental retardation; dental caries.

CURRENT REASONS FOR NOT WORKING:

Low motivation; job skills limited; husband objects to her working out of home.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	10	6	
3 MONTH:	11	20	4	

HEALTH INTERVENTION:	OUTCOME
referral for evaluation of pyelitis	- surgical repair of urethral stricture
weight reduction	refused
dental treatment	progress

	Initial	Ending
CHRP PARTICIPATION DATES:	2-27-75	

WELFARE STATUS:

INITIAL: H.R.

CHANGE: HR, less $ (DATE)

CHANGE: off welfare 5/23/75 (DATE)

EDUCATION: GRADE 11

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 2 jobs - maid, 6 mo. total

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH "

AT PRESENT day care mother as of 9/2/75

COMMENTS REGARDING EMPLOYABILITY:

Well suited to day care work.

Case # 46 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	2-28-75	

AGE: 28

REFERRED BY: Social services

FAMILY POSITION: Head of house - 3 children under 6

HEALTH HISTORY: Paralysis, limited, lt. side; post-polio; bronchitis; partially edentulous

CURRENT REASONS FOR NOT WORKING:

enrolled in community college - CETA Title I

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	4	3	3	
3 MONTH:	2	3	0	

HEALTH INTERVENTION:	OUTCOME
Referral for dentures	approved
Counseling - antismoking	progress
Counseling & referral for possible interruption of pregnancy 8/25/75: action pending client decision.	

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: Worked 1964-70
4 jobs-nightclub dancer, 2 yrs.
2 jobs-waitress, 2 yrs.
1 job-office worker, 1 mo.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT in college 9/8/75, CETA title I clerical course

COMMENTS REGARDING EMPLOYABILITY:

In job training - will use clerical skills for support during further career education.

Case # 47 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 44

REFERRED BY: State Employment SVC, CETA Title I

FAMILY POSITION: Head of house - 2 children

HEALTH HISTORY: Hysterectomy for uterine cancer; thoracotomy for pneumothorax

CURRENT REASONS FOR NOT WORKING:

moved from area 9-1-75

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	7 =	2	0	
3 MONTH:	5	1	0	

HEALTH INTERVENTION:	OUTCOME
None	

	Initial	Ending
CHRP PARTICIPATION DATES:	3-5-75	9-1-75

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: Worked 1945-54, 1964-73 2 jobs as factory operative, 9 yrs.; 2 jobs as food service aide, 1-1/2 yrs.; 1 job as sales clerk, 2 mo; others not identified - 7-1/2 yrs.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH CETA clerical course

AT PRESENT Unemployed

COMMENTS REGARDING EMPLOYABILITY:

Completed clerk-typist course. Work record indicates good motivation for employment.

Case # 48 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	3-10-75	

AGE: 33

REFERRED BY: OVR

FAMILY POSITION: Married, 4 children, youngest 2-1/2

HEALTH HISTORY: Back problems; hypertension; obesity; hypochondriasis; periodontal disease

CURRENT REASONS FOR NOT WORKING:

child care problems; welfare institutionalization

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	14	10	
3 MONTH:	inc.		inc.	

HEALTH INTERVENTION:	OUTCOME
Weight reduction	progress
Hypertension	no change
Referral for psychiatric evaluation	completed

Client cooperation deferred for 3 mo. - follow-up pending.

WELFARE STATUS:

INITIAL: Home relief

CHANGE: Off 8-31-75 (DATE)

CHANGE: On HR 9-1-75 (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: store clerk, 1 yr; food service worker 5 yr.; interviewer, welfare rights organization, 1 yr.

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH "

AT PRESENT CETA Title I OJT 7-28-75 to 8-31-75

COMMENTS REGARDING EMPLOYABILITY:

Unable to overcome poverty-related problems.

Quite job motivated to seek employment.

Case # 49 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 26

REFERRED BY: OVR

FAMILY POSITION: divorced - 1 child

HEALTH HISTORY: At physical exam: No physical findings. Compalints of nervousness when working as waitress.

CURRENT REASONS FOR NOT WORKING:

No job available. Not mandated to work under ADC

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	7	2	
3 MONTH:	3	6	6	

HEALTH INTERVENTION:	OUTCOME
None	

	Initial	Ending
CHRP PARTICIPATION DATES:	3-11-75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: None

WORK RECORD: Worked 1968-1973: 2 jobs, waitress, 3 yrs.; 1 job, cashier, 1-1/2 yrs.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT Interviewed for job 9/2/75

COMMENTS REGARDING EMPLOYABILITY:

Highly motivated to work in plant store.

Case # 50 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 19

REFERRED BY: Public Health nurse

FAMILY POSITION: Head of house - 1 infant

HEALTH HISTORY: No health problems cited.

Obesity

CURRENT REASONS FOR NOT WORKING:

Low motivation - not mandated to work

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	10	12	7	
3 MONTH:	6	7	3	

HEALTH INTERVENTION:	OUTCOME
Weight reduction	no progress

	Initial	Ending
CHRP PARTICIPATION DATES:	3-17-75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: clerk-typist

WORK RECORD: Camp counselor EOC 2 summers recreation aide EOC, 1 summer; office worker EOC, 1 summer

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Case # 51 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 26

REFERRED BY: Tompkins County Personnel

FAMILY POSITION: Single

HEALTH HISTORY: Muscle contracture, lt. arm - traumatic; no physical findings on exam.

CURRENT REASONS FOR NOT WORKING:

--

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	5	1	1	
3 MONTH:	7	2	2	

HEALTH INTERVENTION:	OUTCOME
None	

CHRP PARTICIPATION DATES: Initial 4-3-75 Ending

WELFARE STATUS:

INITIAL: Home Relief - 3 mo.

CHANGE: off 5-1-75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 16

WORK HISTORY:

JOB SKILLS: Social work degree

WORK RECORD: Worked 1972-75: 2 jobs as factory operative - 6 mo.; 2 jobs as clerk, stock worker, 7 mo.; 1 job as manual laborer, 3 mo; 1 job as youth program coordinator, 1 mo.

WORK STATUS:

AT INITIAL Employed - CETA Title 6

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Likes job as supervisional aide at correctional institution.

Case # 52 M Date 9-1-75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	4-7-75	

AGE: 51

REFERRED BY: Social Services employability counselor

FAMILY POSITION: Lives alone

HEALTH HISTORY: Recurrent blackouts; hernia repair; hypertension; dental caries; periodontal disease; visual impairment; borderline mental retardation; obesity; anxiety; depression

CURRENT REASONS FOR NOT WORKING:

chronic multiple health problems associated with sick role behavior

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	11	10	82
3 MONTH:	14	14	14	

HEALTH INTERVENTION:	OUTCOME
Referrals for: Dental evaluation & extractions, dentures; eyeglasses; hearing evaluation; electroencephalogram; Evaluation of dizzy spells	Completed
Weight reduction & diet counseling	no progress
Mental health clinic	no progress

WELFARE STATUS:

INITIAL: Home relief

CHANGE: applied for SSI 4-19-75 (DATE)

CHANGE: reapplied " 8-4-75 (DATE)

EDUCATION: GRADE 7

WORK HISTORY:

JOB SKILLS: None

WORK RECORD: dishwasher, 7 yrs (1 job)

WORK STATUS:

AT INITIAL unemployed

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Age and complex health problems make her unemployable.

Case # 53 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 19

REFERRED BY: Social Services

FAMILY POSITION: Single-1 child in foster home

HEALTH HISTORY: Normal. On physical exam: mild iron deficiency anemia; borderline mental retardation; adjustment reaction; visual impairment - cited by client - not substantiated.

CURRENT REASONS FOR NOT WORKING:

Lack of emotional maturity or mental acuity - lack of job skills

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	15	27	9	78
3 MONTH:	10	15	8	

HEALTH INTERVENTION:	OUTCOME
Rx anemia	progress
Referral for evaluation of visual impairment	completed
Diet counseling	progress
ref. for family planning - prophylaxis completed.	

	Initial	Ending
CHRP PARTICIPATION DATES:	4-7-75	

WELFARE STATUS:

INITIAL: Home Relief

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 9

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 1 job as manual laborer, factory, 2 mo.; 1 job as housekeeper, motel - 5 mo.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Outlook poor. No simple job training facilities available outside of sheltered workshop.

Case # Date

CASE RESUME - EMPLOYABILITY

AGE: 25

REFERRED BY: Social Services

FAMILY POSITION: single

HEALTH HISTORY: rheumatic fever, chorea.
On physical exam: alcoholism, sick role, psychosis

CURRENT REASONS FOR NOT WORKING:
Overwhelming personality disorders. Not in touch with reality.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	13	16	18	
3 MONTH:	n.s.-	------	------	

HEALTH INTERVENTION:	OUTCOME
none	

	Initial	Ending
CHRP PARTICIPATION DATES:	4-8-75	

WELFARE STATUS:

INITIAL: Home relief

CHANGE: unknown (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: Was sent to modeling school by OVR, 1974 - course incomplete.

WORK RECORD: factory operative - 1969-70; sheltered workshop - 7 mo. in 1972

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:
Poor outlook. Multiple agency intervention ineffective in past. Resists psychiatric help.

Case # 55 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 35

REFERRED BY: Social Security employ. counselor

FAMILY POSITION: head of house - 1 child, age 2

HEALTH HISTORY: back injury, age 13; battered child; cholesystectomy; herniorraphy. At physical exam: sick role; mild cardiac disability; ill fitting dentures; back pain; psoriasis, minimal

CURRENT REASONS FOR NOT WORKING:

no work ethic

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	20	12	
3 MONTH:	18	[illegible]	15	

HEALTH INTERVENTION: OUTCOME

referrals for psychiatric evaluation and treatment - completed, no progress

Evaluation of dentures - did not keep appointment

CHRP PARTICIPATION DATES: Initial 4-17-75 Ending

WELFARE STATUS:

INITIAL: ADC

CHANGE: (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: none

WORK RECORD: 1 job, as houskeeper in motel, 1 mo. in 1972

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

No motivation to work.

Case # 56 F Date 9-1-75

CASE RESUME - EMPLOYABILITY

AGE: 50

REFERRED BY: Soc. Serv. Emplymt. Counselor

FAMILY POSITION: Married. Has small children.
Wife has cerebral palsy.

HEALTH HISTORY: Recurrent hernia with operations.
Alcoholism. At physical exam: Derelict
appearance. Borderline mental retardation.
Edentulous. Complaint of leg weakness.

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	16	12	81
3 MONTH:	Did not keep apptmt.			

HEALTH INTERVENTION:	OUTCOME
Leg exercises	did not cooperate
Biochemical Evaluation	Completed

	Initial	Ending
CHRP PARTICIPATION DATES:	4/16/75	

WELFARE STATUS:

INITIAL: Home Relief

CHANGE: - (DATE)

CHANGE: - (DATE)

EDUCATION: GRADE 7

WORK HISTORY:

JOB SKILLS: None

WORK RECORD:

1 job: Gravedigger - 3 months

3 jobs: Janitor - 1 yr. total (1964-1974)

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed

AT PRESENT Unemployed

COMMENTS REGARDING EMPLOYABILITY:

Does not relate to work ethic. At present he is being evaluated by Social Security Bureau of Disability Determination.

Case # 57 M Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 27

REFERRED BY: Friend

FAMILY POSITION: Head of house. 2 children under 6.

HEALTH HISTORY: Hepatitis, scarlet fever, Concussion. Migraine. At physical exam: Scabies Personality disorder. Partial deafness.

CURRENT REASONS FOR NOT WORKING:

Lack of job skills. Lack of job she deems suitable.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	12	4	
3 MONTH:	14	9	1	

HEALTH INTERVENTION:	OUTCOME
Referral for hearing evaluation.	Completed
Individual counselling	?
Medication for scabies	Solved

	Initial	Ending
CHRP PARTICIPATION DATES:	4/29/75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: --- (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: None

WORK RECORD: None

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed

AT PRESENT Unemployed

COMMENTS REGARDING EMPLOYABILITY:

Is applying for CETA title 6 OJT-Teacher's Aide. Also will register for GED courses.

Case # 58 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	4/22/75	

AGE: 28

REFERRED BY: State Emplymt. Services

FAMILY POSITION: Married. No children at home.

HEALTH HISTORY: Normal

At physical exam: obesity. Hypertension.

Mental retardation, mild.

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	8	7	2	71
3 MONTH:	8	4	3	

HEALTH INTERVENTION:	OUTCOME
Weight reduction and diet counselling	No Prog.
Rx hypertension	progress

WELFARE STATUS:

INITIAL: Home Relief

CHANGE: ------- (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 9 - Spec. Ed. classes

WORK HISTORY:

JOB SKILLS: None. Illiterate

WORK RECORD: Worked 1965 - 12/74

1 job: dishwasher - 7 yrs.
1 job: Janitor - 2 yrs.
1 job: Truck driver - 5 mos.
1 job: Garbage Collector - 2 mos.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed

AT PRESENT Dishwasher - Motel

COMMENTS REGARDING EMPLOYABILITY:

Likes his job. Is doing it well.

Case # 59 M Date 9/1/75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	4/22/75	

AGE: 44

REFERRED BY: State Emplymt. Services

FAMILY POSITION: Married. No children at home.

HEALTH HISTORY: Partial deafness - congenital. Poor health - multiple problems. At physical exam: Late effects of frostbite, toes. Speech defect. Hypertension. Obesity. Ill fitting dentures.

CURRENT REASONS FOR NOT WORKING:

Needs evaluation of facila edema. Also certification of sanity for drivers license.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	6	3	85
3 MONTH:	6	1	1	

HEALTH INTERVENTION:	OUTCOME
Weight reduction & diet counsel	No Progress
Med. for foot	Progress
Ref. denture repair	Solved

WELFARE STATUS:

INITIAL: Home Relief

CHANGE: -------- (DATE)

CHANGE: HR - Less money (DATE)

EDUCATION: GRADE 11 plus 6 mos. LPN Training

WORK HISTORY:

JOB SKILLS: LPN License

WORK RECORD: Worked between '67 - '74 3 jobs: Nurses' aide - 2 and 1/2 yrs.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed

AT PRESENT Unemployed

COMMENTS REGARDING EMPLOYABILITY:

Interviewing at present with family service agency as home health aide - companion.

Case # 60 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 54

REFERRED BY: Social Services

FAMILY POSITION: Head of house

HEALTH HISTORY: Migraine · At physical Exam: Dorsal Kyphosis. Visual impairment. Borderline mental retardation.

CURRENT REASONS FOR NOT WORKING:

Is doing child care for her grandchildren. Her children are in CETA placements.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	15	6	0	59
3 MONTH:	14	12	6	

HEALTH INTERVENTION:	OUTCOME
Ref.: Ophthalmological evaluation and eyeglasses	Completed
X-ray evaluation of back	Completed

	Initial	Ending
CHRP PARTICIPATION DATES:	5/22/75	

WELFARE STATUS:

INITIAL: ADC 5 years

CHANGE: Same but less $ -8/18/75 (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 10 - Alabama

WORK HISTORY:

JOB SKILLS:

Short-order cook.

WORK RECORD: 1 Job: cook, waitress, dishwasher - Alabama - 7 years

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed

AT PRESENT Unemployed

COMMENTS REGARDING EMPLOYABILITY:

Matriarchial responsibilities outweigh motivation to work.

Case # 67 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 34

REFERRED BY: Tompkins County Personnel

FAMILY POSITION: Head of house. 5 children youngest age 5. CETA 6

HEALTH HISTORY: Normal

At physical exam: no positive physical findings

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	9	2	1	
3 MONTH:	5	3	1	

HEALTH INTERVENTION: OUTCOME

	Initial	Ending
CHRP PARTICIPATION DATES:	4/23/75	

WELFARE STATUS:

INITIAL: ADC - 2 mos.

CHANGE: Off 5/1/75 (DATE)

CHANGE: ----- (DATE)

EDUCATION: GRADE 10 plus GED.

WORK HISTORY:

JOB SKILLS: None

WORK RECORD:

Never worked

WORK STATUS:

AT INITIAL Employed - CETA Title 6 OJT

AT 3 MONTH "

AT PRESENT "

COMMENTS REGARDING EMPLOYABILITY:

Works as teachers' aide. Will evaluate potential and motivation for higher job skill training.

Case # 61 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 23

REFERRED BY: Social Services

FAMILY POSITION: Married. 1 child, age 4. Husband unemployed.

HEALTH HISTORY:

Normal. At physical exam: no positive physical findings, anxiety state, depression.

CURRENT REASONS FOR NOT WORKING:

Attending CETA clerical course.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	18	6	6	
3 MONTH:	16	7	6	

HEALTH INTERVENTION:	OUTCOME
Individual counselling	Progress

	Initial	Ending
CHRP PARTICIPATION DATES:	5/6/75	

WELFARE STATUS:

INITIAL: Home Relief

CHANGE: Husband on work relief (DATE)

CHANGE: ---------- (DATE)

EDUCATION: GRADE 15 Fine Arts major

WORK HISTORY:

JOB SKILLS: None

WORK RECORD: Worked '74 - '75

1 Job: Filing - 2 mos.

1 Job: Grocery cashier - 2 mos.

1 Job: Bookbindery - 3 mos.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed

AT PRESENT CETA Title 7 courses

COMMENTS REGARDING EMPLOYABILITY:

Is developing long-range career plans based on clerical skills and using fine arts training.

Case # 62 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

CHRP PARTICIPATION DATES: Initial 5/9/75 Ending ______

AGE: 21

REFERRED BY: Friend

FAMILY POSITION: Head of house. 2 children, youngest 1/2 yr.

HEALTH HISTORY: Normal. At physical exam: moderate obesity.

CURRENT REASONS FOR NOT WORKING:

Lack of job availability

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	3	1	1	
3 MONTH:	3	0	0	

HEALTH INTERVENTION:	OUTCOME
Weight reduction diet counseling	Progress

WELFARE STATUS:

INITIAL: ADC 2 and 1/2 yrs.

CHANGE: --------- (DATE)

CHANGE: Less - occasional emplymt 9/1 (DATE)

EDUCATION: GRADE 12 incl. 1 yr. LPN training Alabama

WORK HISTORY:

JOB SKILLS: Health or Nurses' Aide

WORK RECORD:

Housekeeper - 7 mos.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed

AT PRESENT On nursing roster

COMMENTS REGARDING EMPLOYABILITY:

Given good recommendations by employers

Highly motivated to earn more than welfare subsistance.

Case # 63 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

		Initial	Ending
CHRP PARTICIPATION DATES:		5/9/75	

AGE: 18

REFERRED BY: Sister

FAMILY POSITION: Single. Lives with mother.

HEALTH HISTORY: Normal. At physical exam: complaint of headaches. Dental caries.

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	11	6	3	
3 MONTH:	13	6	5	

HEALTH INTERVENTION:	OUTCOME
Ref. for dental treatment	Progress
Ref. to gynecologist for evaluation of backache and pelvic tenderness	Appt. pending

WELFARE STATUS:

INITIAL: ADC 15 years

CHANGE: -------- (DATE)

CHANGE: Pending. (DATE)

EDUCATION: GRADE 12 - including 1 yr. LPN training, Alabama

WORK HISTORY:

JOB SKILLS: Health, nurses' aide

WORK RECORD: 1 Job: Nurses' Aide - 2 yrs.
1 Job: Babysitting - 6 mos.

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH CETA Title 1-Remedial reading
In school, employed P.G.

AT PRESENT business course, local high school. Employed part-time clerical, pharmcy
Wants CETA clerical course, spring term.

COMMENTS REGARDING EMPLOYABILITY:

Case # 64 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 18

REFERRED BY: Tompkins County Personnel

FAMILY POSITION: Married. 1 child, 3 and 1/2 yrs.

HEALTH HISTORY: Normal

At physical exam: Obesity. Peridontal disease.

Acne

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	12	9	0	
3 MONTH:	inc	inc	inc	Refused

HEALTH INTERVENTION:	OUTCOME
Refused intervention	

	Initial	Ending
CHRP PARTICIPATION DATES:	5/9/75	

WELFARE STATUS:

INITIAL: ADC

CHANGE: ------ (DATE)

CHANGE: -------- (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: Typing, filing

WORK RECORD: 1 Job: Page at library -10 mos

1 Job: Restaurant cashier - 1 mo.

1 Job: Clerical. Present: CETA Title 6

WORK STATUS:

AT INITIAL Employed

AT 3 MONTH Employed

AT PRESENT Employed

COMMENTS REGARDING EMPLOYABILITY:

Working at Social Services in Food Stamp Department. Likes work.

Case # 65 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 32

REFERRED BY: George Nettleton

FAMILY POSITION: Married. 3 children over age 6

HEALTH HISTORY: Normal

At physical exam: Partially edentulous.

Dental caries.

CURRENT REASONS FOR NOT WORKING:

Lack of training program for licensure.

Lack of job availability. Missing 2 front teeth. Unresolved health problems.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	14	3	2	
3 MONTH:	12	8	1	

HEALTH INTERVENTION: Referral:	OUTCOME
Dental treatment & dentures	Progress
Evaluation and diagnosis of headaches	In Progress
Appeal Medicaid decision on dentures	In Progress

	Initial	Ending
CHRP PARTICIPATION DATES:	5/12/75	

WELFARE STATUS:

INITIAL: ADC 3 mos.

CHANGE: ----- (DATE)

CHANGE: HR - husband came from Alabama (DATE)

EDUCATION: GRADE 12

WORK HISTORY:

JOB SKILLS: Lab worker

WORK RECORD: 1 Job: lab, x-ray worker Alabama - 7 yrs.

1 Job: Factory operative - 2 yrs. -Alabama

WORK STATUS:

AT INITIAL Unemployed

AT 3 MONTH Unemployed - Volunteer, University lab.

AT PRESENT Unemployed

COMMENTS REGARDING EMPLOYABILITY:

Job training prog. not available for lab. tech. She may have to take lower level work when health problems are solved.

Case # 66 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 21

REFERRED BY: EOC Emplymt. Physical
CETA Title 6 OJT

FAMILY POSITION:

HEALTH HISTORY: Back injury, age 15. At physical exam: No positive physical findings.

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	12	5	3	
3 MONTH:	9	2	1	

HEALTH INTERVENTION: Referral:	OUTCOME
Psychiatric evaluation of back injury	Completed No pathology

	Initial	Ending
CHRP PARTICIPATION DATES:	5/22/75	

WELFARE STATUS:

INITIAL: E ADC

CHANGE: HR 8-1-75 (DATE)

CHANGE: Off 8-31-75 (DATE)

EDUCATION: GRADE 10

WORK HISTORY:

JOB SKILLS: None

WORK RECORD: Worked 1965-1974

7 Jobs: Manual Labor - 6 yrs.

1 Job: Printer's A-prentice - 3 mos. in 1975

WORK STATUS:

AT INITIAL Employed CETA Title 6

AT 3 MONTH Same

AT PRESENT Same

COMMENTS REGARDING EMPLOYABILITY:

Likes school groundskeeper job.

Case # 68 M Date 9/1/75

CASE RESUME - EMPLOYABILITY

	Initial	Ending
CHRP PARTICIPATION DATES:	6/18/75	

AGE: 52

REFERRED BY: State Employment Service

FAMILY POSITION: Single

HEALTH HISTORY: Recurrent neck pain. Allergies. Back problems. Hypertension. On physical exam: gross obesity. Hypertension. Vertebrogenic pain syndrome. Uncooperative.

CURRENT REASONS FOR NOT WORKING:

Impossible to make complete evaluation in view of client resistance.

TEST SCORES:

	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:	Refused		3	
3 MONTH:				

HEALTH INTERVENTION:	OUTCOME
Request records of psychiatric evaluation	Completed
Psychological evaluation	Refused
Medication for hypertension	Progress
Weight reduction	Progress

WELFARE STATUS:

INITIAL: H.R.

CHANGE: ? (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 14

WORK HISTORY:

JOB SKILLS: Secretarial

WORK RECORD:

2 Jobs: secretarial work - 1 year

1 Job: Babysitting - 1 year

WORK STATUS:

AT INITIAL Employed part-time

AT 3 MONTH Same

AT PRESENT Same

COMMENTS REGARDING EMPLOYABILITY:

Seems involved in research typing job at University. Not permanent.

Case # 69 F Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 32

REFERRED BY: Tompkins County Personnel CETA Title 6 OJT

FAMILY POSITION: Married. Young children.

HEALTH HISTORY: Thrombophlebitis. At physical exam: No positive physical findings.

CURRENT REASONS FOR NOT WORKING:

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:		2	0	
3 MONTH:	Has not returned			

HEALTH INTERVENTION:	OUTCOME
None	

	Initial	Ending
CHRP PARTICIPATION DATES:	6/2/75	

WELFARE STATUS:

INITIAL: History of H.R. - 1973-1975

CHANGE: -------- (DATE)

CHANGE: (DATE)

EDUCATION: GRADE 9

WORK HISTORY:

JOB SKILLS: None

WORK RECORD:

3 Jobs: Factory Operative - 8 years

2 Jobs: Laborer - 1 year

WORK STATUS:

AT INITIAL Employed - Laborer

AT 3 MONTH --------- ?

AT PRESENT ------------

COMMENTS REGARDING EMPLOYABILITY:

None

Case # 70 M Date 9/1/75

CASE RESUME - EMPLOYABILITY

AGE: 18

REFERRED BY: Self

FAMILY POSITION: Single. Lives with Aunt.

HEALTH HISTORY: Gunshot wound in groin, age 7.
At physical exam: Obesity. Some leg swelling.
Mental retardation, withdrawn.

CURRENT REASONS FOR NOT WORKING:
Limited mentality, education, no job skills. Illiterate.

TEST SCORES:	I.E.	HYPO.	CUR. SX.	WESCH.
INITIAL:		16	5	53
3 MONTH:	Not	scheduled	yet	

HEALTH INTERVENTION:	OUTCOME
Weight, diet, and hygeine counsel	In progress
Evaluation of late effects of gunshot wounds	In progress

	Initial	Ending
CHRP PARTICIPATION DATES:	6/25/75	

WELFARE STATUS:
INITIAL: ADC
CHANGE: ----- (DATE)
CHANGE: ------- (DATE)

EDUCATION: GRADE 5 Alabama

WORK HISTORY:
JOB SKILLS: None

WORK RECORD: None

WORK STATUS:
AT INITIAL Unemployed
AT 3 MONTH Unemployed
AT PRESENT

COMMENTS REGARDING EMPLOYABILITY:
Seeking tutor for literacy. She helps Aunt, a day-care mother.

Case # 71 F Date 9/1/75

APPENDIX 7

CODE WORDS AND DEFINITIONS

SKINFOLD		Skinfold thickness, average of 3, in mm
EDUC		Time of stoppage, to nearest 1/10 of a minute
HANDGRIP		Dynamometer reading rt-adjusted
EDUC		Last grade completed
RESTRJOB		Has your health restricted the type of job you could get?
MEANTEN		Mean job tenure in full years
MAXCAT		Most freq. job classification
PAYCAT		Most freq. pay category
MANYKIDS		How many kids do you have?
LOCOMOTR		Locomotor handicap
INTELLCT		Intellectual handicap
EMOTIONL		Emotional handicap
AVERSIVE		Aversive handicap
HANDSCOR		Handicap score
DAYACOST	=	(SUMACOST / DAYA) X 30 DAYA: Days on Medicaid period A
DAYBCOST	=	(SUMBCOST / DAYB) X 30 DAYB: Days between init. project visit and last bill
DAYOURS	=	(SUMOURS / DAYD) X 30 DAYD: Days between init. project visit and date of last unbilled project-related cost
TOTMED		Total number of medications
AGE6SC		Preschool score
	=	4 X # problems causing major permanent disability + 2 X # problems causing long term or recurrent ill-health + 1 X # other problems
SCHLSC		School-age score
ADULTSC		Adult score
LASTYRSC		Last year score
TOTMHNUM		Total number of problems in medical history
	=	NUMBIRTH + NUM6AG + NUMSCH + NUMLSYR + NUMUNSP
MEDHISSC		Medical history score
	=	BIRTHSC + AGE6SC + SCHLSC + ADULTSC + LASTYRSC + UNSPSCOR
DELTAIE		Change in internal-external score between initial visit and 3-months
	=	IESCORE3 - IEINITIL IESCORE3: Internal-external score at 3-months IEINITIL: Initial score on internal-external

CHANGHP2	Change in hypochondriasis score between initial visit and 3-months = HYPSCOR3 - HYPSCORE HYPSCOR3: Hypochondriasis score at 3-months HYPSCORE: Initial score on hypochondriasis
CHANGNM2	Change in number of current symptoms between initial visit and 3-months = NUMCRNT3 - NUMCURNT NUMCRNT3: Number of current symptoms at 3-months NUMCURNT: Initial number of current symptoms
CHWELFDL	Change in public assistance grant = WELFDOL2 - WELFDOL1 WELFDOL2: Public assistance grant on August 1 WELFDOL1: Public assistance grant on entering project
WORKCHAN	Change in work status between initial visit and July 15 = WORK32 - WORKIN2 WORK32: Work status on 3-months WORKIN2: Initial work status
WORKAUCH	Change in work status between initial visit and Aug. 15 = WORKAU2 - WORKIN2 WORKAU2: Work status on Aug. 15 WORKIN2: Work status on initial visit
PCTSOLY	= (NUMINPR - NUM3MO / NUMINPR) X 100 NUMINPR: Number of initial problems NUM3MO: Number of old problems not completely solved at 3-months and any unsolved new problems
PROGSCOR	= ((NUMINPR - NUMSOLV - 0.5 X NUMPART) / NUMINPR) X 100 NUMINPR: Number of initial problems NUMSDLV: Number of old problems completely solved at 3-months NUMPART: Number of old problems partially solved at 3-months
INTRVENE	Did we attempt to intervene?
NUMCALLS	Number of phone calls
NUMVIST	Number of personal contacts
CLNTINIT	Client-initiated contacts
STAFINIT	Staff-initiated contacts
NUMMEDCN	Number of medical contacts
NUMRECON	Number of referral contacts
NEMPCON	Number of employment contacts
NUMSUPP	Number of support contacts
WGTSESSN	Number of weight sessions
EXPRESSN	Number of exercise contacts
HRSSTAFF	Total contacts hours
GRPPSYC	Number of group sessions attended
INDVPSYC	Number of individual sessions attended

PCTEMPL
= (SUMTEN / (AGE-18)) X 100
SUMTEN: Total number of full years worked

HYPSCORE = MMPI Scale

APPENDIX 8

STATISTICAL CORRELATIONS

HEIGHT

Very significant correlations

STOPWHEN	r = .45, p < .001
HANDGRIP	r = .53, p < .001
NUMINPR	r =-.47, p < .001
NUMRECON	r =-.44, p < .001
HRSSTAFF	r =-.39, p < .001

Significant correlations

HYPSCORE	r =-.33, p = .005
MANYKIDS	r =-.34, p = .004
INTRVENE	r = .35, p = .003
EMOTIONL	r =-.34, p = .004
NUMCALLS	r =-.35, p = .003
NUMVIST	r =-.38, p = .002
CLNTINIT	r =-.32, p = .007

Other correlations

NUMCURNT	r =-.22, p = .045
RESTRJOB	r =-.25, p = .026
MAXCAT	r = .23, p = .038
PAYCAT	r = .28, p = .018
AGE	r =-.27, p = .018
HANDSCOR	r =-.30, p = .010
DAYOURS	r =-.27, p = .022
ADULTSC	r =-.22, p = .046
CHANGHP2	r = .31, p = .016
PROGSCOR	r =-.32, p = .013
SKINFOLD	r =-.23, p = .043
EDUC	r = .27, p = .019
STAFINIT	r =-.28, p = .015
NUMMEDCN	r =-.18, p = .083
NUMSUPP	r =-.18, p = .080
WGTSESSN	r =-.27, p = .017
EXRSESSN	r = .28, p = .016
INDVPSYC	r =-.20, p = .065

SKINFOLD

Very significant correlations

STOPWHEN	r =-.43, p < .001
AVERSIVE	r = .56, p < .001
INTRVENE	r =-.44, p < .001
NUMVIST	r = .39, p < .001
WGTSESSN	r = .67, p < .001
EXRSESSN	r = .52, p < .001

Significant correlations

HANDSCOR	r = .34, p = .005
NUMINPR	r = .42, p = .002
NUMCALLS	r = .32, p = .007
CLNTINIT	r = .31, p = .010
HRSSTAFF	r = .34, p = .005

Other correlations

MANYKIDS	r = .28, p = .016
ADULTSC	r = .25, p = .031
CHANGHP2	r =-.32, p = .016
CHANGNM2	r =-.28, p = .032
WELFDOLI	r = .28, p = .016
CHWELFDL	r =-.30, p = .012
[illegible]TSOLV	r = .27, p = .033
PROGSCOR	r = .26, p = .040
EDUC	r =-.18, p = .087
STAFINIT	r = .29, p = .013
NUMMEDCN	r = .22, p = .051
NUMRECON	r = .28, p = .017
NEMPCON	r = .26, p = .022
NUMSUPP	r = .28, p = .018

CHWELFDL

Very significant correlations

WORKAUCH	r =-.42, p = .001

Significant correlations

WORKCHAN	r =-.38, p = .002

Other correlations

NUMMEDCN	r = .18, p = .088
NEMPCON	r =-.28, p = .016
INDVPSYC	r =-.26, p = .023
PCTEMPL	r =-.19, p = .075

EMOTIONL

Very significant correlations

HANDSCOR r = .62, p < .001
INTRVENE r =-.41, p < .001
AGE6SC r = .38, p < .001
MEDHISSC r = .40, p < .001
NUMINPR r = .44, p < .001
NUMCALLS r = .51, p < .001
CLNTINIT r = .43, p < .001
NUMRECON r = .38, p < .001
NUMSUPP r = .39, p < .001
HRSSTAFF r = .43, p < .001
INDVPSYC r = .43, p < .001

Significant correlations

TOTMED r = .34, p = .004
ADULTSC r = .37, p = .002
DAYCOST r = .31, p = .010
NUMVIST r = .36, p = .002
STAFINIT r = .36, p = .002
NUMMEDCN r = .34, p = .004
GRPPSYC r = .33, p = .004

Other correlations

AVERSIVE r = .17, p = .098
DAYBCOST r = .23, p = .039
LASTYRSC r = .30, p = .011
TOTMHNUM r = .21, p = .056
CHANGHP2 r =-.20, p = .084
WORKIN2 r =-.20, p = .067
PROGSCOR r = .19, p = .095
NEMPCON r = .24, p = .031
WGTSESSN r = .17, p = .091
EXRSESSN r = .17, p = .098

CHANGNM2

Significant Correlations

EXPRSESSN r =-.39, p = .003

Other correlations

INTRVENE r = .22, p = .064
WGTSESSN r =-.33, p = .011
GRPPSYC r =-.29, p = .022
PCTEMPL r = .21, p = .076

AVERSIVE

Very significant correlations

HANDSCOR r = .52, p .001
INTRVENE r =-.54, p .001
NUMINPR r = .55, p .001
EDUC r =-.38, p .001
NUMCALLS r = .41, p .001
NUMVIST r = .46, p .001
CLNTINIT r = .44, p .001
WGTSESSN r = .65, p .001
EXRSESSN r = .60, p .001
HRSSTAFF r = .45, p .001

Significant correlation

DAYBCOST r = .34, p = .005
STAFINIT r = .36, p = .009
NUMMEDCN r = .36, p = .003
NUMRECON r = .37, p = .002
NUMSUPP r = .37, p = .007

Other correlations

DAYACOST r = .21, p = .055
ADULTSC r = .27, p = .020
MEDHISSC r = .20, p = .065
WORKCHAN r =-.19, p = .077
PROGSCOR r = .20, p = .086

CHANGHP2

Very significant correlations

CHANGNM2 r = .44, p < .001
INTRVENE r = .43, p < .001

Significant correlations

WELFDOL1 r =-.37, p = .005
NUMINPR r =-.34, p = .008
WGTSESSN r =-.35, p = .007

Other correlations

WORKIN2 r = .28, p = .026
PCTSOLV r =-.26, p = .039
NUMCALLS r =-.20, p = .088
CLNTINIT r =-.21, p = .079
NUMRECON r =-.29, p = .023
NEMPCON r =-.30, p = .019
EXRSESSN r =-.33, p = .012
GRPPSYC r =-.25, p = .043
PCTEMPL r = .23, p = .062

HYPSCORE

Very significant correlations

NUMCURNT	r = .83, p < .001
RESTRJOB	r - .42, p < .001
EMOTIONL	r = .38, p < .001
HANDSCOR	r = .49, p < .001
INTRVENE	r =-.44, p < .001
DAYACOST	r = .40, p < .001
TOTMED	r = .47, p < .001
ADULTSC	r = .53, p < .001
LASTYRSC	r = .57, p < .001
TOTMHNUM	r = .62, p < .001
MEDHSSC	r = .63, p < .001
WORKIN2	r =-.44, p < .001
NUMINPR	r = .59, p < .001
NUMRECON	r =-.41, p < .001
INDVPSYC	r = .45, p < .001
NUMRECON	r =-.41, p < .001

Significant correlations

LOCOMOTR	r = .30, p = .009
DAYBCOST	r = .31, p = .009
DAYOURS	r = .35, p = .004
SCHLSC	r = .35, p = .003
CHANGHP2	r =-.41, p = .002
PCTSOLV	r = .34, p = .009
PROGSCOR	r = .38, p = .004
HRSSTAFF	r = .32, p = .006

Other correlations

AGE	r = .24, p = .035
INTELLCT	r = .27, p = .019
AGE6SC	r = .30, p = .011
CHANGNM2	r =-.30, p = .019
EDUC	r =-.26, p = .025
NUMCALLS	r = .28, p = .014
NUMVIST	r = .27, p = .017
CLNTINIT	r = .22, p = .045
STAFINIT	r = .29, p = .012
NUMMEDCN	r = .25, p = .023
NEMPCON	r = .23, p = .037
NUMSUPP	r = .22, p = .044
GRPPSYC	r = .28, p = .015
PCTEMPL	r =-.30, p = .012

NUMCURNT

Very significant correlations

RESTRJOB	r = .40, p < .001
EMOTIONL	r = .42, p < .001
HANDSCOR	r = .45, p < .001
TOTMED	r = .50, p < .001
ADULTSC	r = .47, p < .001
LASTYRSC	r = .54, p < .001
TOTMHNUM	r = .60, p < .001
MEDHISSC	r = .61, p < .001
CHANGNM2	r =-.45, p < .001
NUMINPR	r = .44, p < .001

Significant correlations

LOCOMOTR	r = .35, p = .003
DAYACOST	r = .37, p = .002
SCHLSC	r = .31, p = .008
PROGSCOR	r = .38, p = .003
NUMRECON	r = .32, p = .006
INDVPSYC	r = .35, p = .003

Other correlations

AGE	r = .29, p = .012
INTELLCT	r = .19, p = .073
INTRVENE	r =-.29, p = .012
DAYBCOST	r = .22, p = .049
DAYOURS	r = .19, p = .086
AGE6SC	r = .29, p = .012
CHANGHP2	r =-.27, p = .032
WORKIN2	r =-.30, p = .011
EDUC	r =-.19, p = .070
NUMCALLS	r = .20, p = .066
STAFINIT	r = .23, p = .038
NUMMEDCN	r = .21, p = .053
NUMSUPP	r = .20, p = .061
HRSSTAFF	r = .21, p = .050
GRPPSYC	r = .26, p = .022
PCTEMPL	r =-.25, p = .032

RESTRJOB

Very significant correlations

AGE	$r = .48$, $p < .001$
HANDSCOR	$r = .47$, $p < .001$
DAYACOST	$r = .45$, $p < .001$
ADULTSC	$r = .49$, $p < .001$
MEDHISSC	$r = .43$, $p < .001$
WORKIN2	$r =-.38$, $p < .001$
NUMINPR	$r = .42$, $p < .001$
NUMCALLS	$r = .44$, $p < .001$
STAFINIT	$r = .45$, $p < .001$
NUMRECON	$r = .52$, $p < .001$
HRSSTAFF	$r = .39$, $p < .001$

Significant correlations

MAXCAT	$r = .25$, $p = .029$
PAYCAT	$r =-.31$, $p = .010$
LOCOMOTR	$r = .30$, $p = .010$
DAYACOST	$r = .31$, $p = .008$
TOTMED	$r = .33$, $p = .004$
TOTMHNUM	$r = .35$, $p = .003$
WELFDOL1	$r = .32$, $p = .006$
EDUC	$r =-.30$, $p = .010$
NUMVIST	$r = .35$, $p = .003$
EXRSESSN	$r = .34$, $p = .004$

Other correlations

MANYKIDS	$r = .24$, $p = .030$
AVERSIVE	$r = .27$, $p = .018$
INTRVENE	$r =-.23$, $p = .037$
DAYOURS	$r = .18$, $p = .088$
AGE6SC	$r = .20$, $p = .058$
LASTYRSC	$r = .26$, $p = .021$
DELTAIE	$r =-.23$, $p = .070$
PROGSCR	$r = .21$, $p = .073$
CLNTINET	$r = .26$, $p = .022$
NUMMEDCN	$r = .22$, $p = .045$
NEMPCON	$r = .21$, $p = .050$
NUMSUPP	$r = .23$, $p = .036$
WGTSESSN	$r = .25$, $p = .028$
GRPPSYC	$r = .26$, $p = .023$
INDVPSYC	$r = .21$, $p = .054$

MEANTEN

Very significant correlations

AGE	$r = .40$, $p < .001$
PCTEMPL	$r = .80$, $p < .001$

Significant correlations

CHWELFDL	$r =-.32$, $p = .007$

Other correlations

LOCOMOTR	$r = .18$, $p = .087$
ADULTSC	$r = .19$, $p = .069$
CHANGHP2	$r = .21$, $p = .073$
CHANGHM2	$r = .24$, $p = .048$
WORKAUCH	$r = .19$, $p = .083$
NUMINPR	$r = .21$, $p = .078$
GRPPSYC	$r = .18$, $p = .082$
NUMSUPP	$r = .21$, $p = .056$
CLNTINIT	$r = .20$, $p = .065$

MAXCAT

Significant correlations

EDUC	$r =-.35$, $p = .003$

Other correlations

MANYKIDS	$r =-.17$, $p = .10$
INTELLCT	$r = .21$, $p = .056$
AVERSIVE	$r = .18$, $p = .090$
DAYBCOST	$r = .28$, $p = .018$
DAYOURS	$r = .20$, $p = .072$
EXRSESSN	$r = .20$, $p = .065$
GRPPSYC	$r = .26$, $p = .022$
PCTEMPL	$r = .22$, $p = .053$

HANDSCOR

Very significant correlations

INTRVENE	r =-.63,	p < .001
DAYACOST	r = .47,	p < .001
DAYBCOST	r = .50,	p < .001
TOTMED	r = .45,	p < .001
AGE6SC	r = .45,	p < .001
ADULTSC	r = .68,	p < .001
LASTYRSC	r = .42,	p < .001
TOTMHNUM	r = .47,	p < .001
MEDHISSC	r = .67,	p < .001
WORKIN2	r =-.40,	p < .001
NUMINPR	r = .72,	p < .001
NUMCALLS	r = .61,	p < .001
NUMVIST	r = .53,	p < .001
CLNTINIT	r = .54,	p < .001
STAFINIT	r = .41,	p < .001
NUMMEDCN	r = .50,	p < .001
NUMRECON	r = .58,	p < .001
NUMSUPP	r = .53,	p < .001
HRSSTAFF	r = .57,	p < .001
INDVPSYC	r = .41,	p < .001

Significant correlations

DAYOURS	r = .34,	p = .005
DELTAIE	r =-.37,	p = .007
PROGSCOR	r = .36,	p = .006
WGTSESSN	r = .38,	p = .002

Other correlations

SCHLSC	r = .30,	p = .011
CHANGHP2	r =-.23,	p = .061
EDUC	r =-.23,	p = .038
NEMPCON	r = .20,	p = .064
EXRSESSN	r = .25,	p = .026
GRPPSYC	r = .29,	p = .013

DELTAIE

Significant correlations

WORKAUCH	r = .39,	p = .005

Other correlations

CHANGNM2	r = .26,	p = .045
CHWELFDL	r =-.34,	p = .012
WORKCHAN	r = .33,	p = .018
NUMMEDCN	r =-.34,	p = .012

DAYACOST

Very significant correlations

DAYBCOST	r = .55,	p < .001
TOTMED	r = .40,	p < .001
SCHLSC	r = .39,	p < .001
ADULTSC	r = .58,	p < .001
LASTYRSC	r = .45,	p < .001
TOTMHNUM	r = .41,	p < .001
MEDHISSC	r = .56,	p < .001
WELFDOLL	r = .41,	p < .001
WORKIN2	r =-.47,	p < .001
PROGSCOR	r = .47,	p < .001
NUMCALLS	r = .47,	p < .001
NUMVIST	r = .49,	p < .001
STAFINIT	r = .56,	p < .001
NUMSUPP	r = .38,	p < .001
HRSSTAFF	r = .53,	p < .001

Significant correlations

DAYOURS	r = .32,	p = .008
NUMINPR	r = .40,	p = .003
INTRVENE	r =-.38,	p = .002
CLNTINIT	r = .33,	p = .006
NUMRECON	r = .31,	p = .009
NUMPCON	r = .36,	p = .003
INDVPSYC	r = .32,	p = .007

Other correlations

CHWELFDL	r =-.23,	p = .040
PCTSOLV	r = .26,	p = .037
EDUC	r =-.25,	p = .032
NUMMEDCN	r = .22,	p = .052
GRPPSYC	r = .30,	p = .012

AGE6SC

Very significant correlations

SCHLSC	r = .39,	p < .001
ADULTSC	r = .38,	p < .001
TOTMHNUM	r = .51,	p < .001
MEDHISSC	r = .55,	p < .001

Other correlations

LASTYRSC	r = .29,	p = .012
DELTAIE	r =-.34,	p = .013
CHANGHP2	r =-.23,	p = .056
CHANGNM2	r =-.28,	p = .029
NUMINPR	r = .31,	p = .017
NUMRECON	r = .28,	p = .014
INDVPSYC	r = .19,	p = .069

PAYCAT

Other correlations

LOCOMOTR	r = .20, p = .075
AVERSIVE	r =-.25, p = .035
DAYACOST	r =-.30, p = .016
DAYBCOST	r =-.29, p = .017
SCHLSC	r =-.22, p = .051
ADULTSC	r =-.22, p = .052
MEDHISSC	r =-.20, p = .072
WELFDOL1	r =-.20, p = .073
CHWELFDL	r = .24, p = .036
WORKIN2	r = .30, p = .013
NUMINPR	r =-.24, p = .054
PROGSCOR	r =-.27, p = .038
EDUC	r = .28, p = .021
NUMCALLS	r =-.25, p = .032
NUMVIST	r =-.25, p = .031
CLNTINIT	r =-.19, p = .083
STAFINIT	r =-.27, p = .023
WGTSESSN	r =-.25, p = .033
EXRSESSN	r =-.29, p = .016
HRSSTAFF	r =-.28, p = .019
GRPPSYC	r =-.19, p = .081

SCHLSC

Very significant correlations

LASTYRSC	r = .44, p < .001
TOTMHNUM	r = .62, p < .001
MEDHISSC	r = .68, p < .001

Significant correlations

ADULTSC	r = .36, p = .002
CHANGNM2	r =-.33, p = .010
WORKIN2	r =-.35, p = .003
NUMRECON	r = .31, p = .009

Other correlations

CHANGHP2	r =-.28, p = .026
PCTSOLV	r = .20, p = .084
PROGSCOR	r = .25, p = .045
NUMCALLS	r = .20, p = .059
STAFINIT	r = .21, p = .050
HRSSTAFF	r = .27, p = .019
GRPPSYC	r = .20, p = .066

MANYKIDS

Very significant correlations

AGE	r = .51, p < .001
INTRVENE	r =-.39, p < .001
ADULTSC	r = .45, p < .001
WELFDOL1	r = .47, p < .001
NUMRECON	r = .45, p < .001

Significant correlations

LASTYRSC	r = .37, p = .002
TOTMHNUM	r = .35, p = .003
MEDHISSC	r = .37, p = .002
WORKIN2	r =-.34, p = .004
NUMINPR	r = .36, p = .006
NUMVIST	r = .33, p = .006

Other correlations

LOCOMOTR	r = .25, p = .028
HANDSCOR	r = .24, p = .030
DAYACOST	r = .18, p = .091
TOTMED	r = .30, p = .011
AGE6SC	r = .17, p = .099
DELTAIE	r =-.24, p = .057
CHANGHP2	r =-.24, p = .049
PROGSCOR	r = .20, p = .085
NUMCALLS	r = .20, p = .067
CLNTINIT	r = .27, p = .018
STAFINIT	r = .18, p = .082
NUMMEDCN	r = .23, p = .041
NEMPCON	r = .24, p = .032
HRSSTAFF	r = .22, p = .046
PCTEMPL	r =-.24, p = .036

STOPWHEN

Very significant correlations

HEIGHT	$r = .45$, $p < .001$
SKINFOLD	$r = -.43$, $p < .001$
HANDGRIP	$r = .46$, $p < .001$
HYPSCORE	$r = -.39$, $p < .001$
NUMCURNT	$r = -.40$, $p < .001$
RESTRJOB	$r = -.48$, $p < .001$
AGE	$r = -.40$, $p < .001$
EMOTIONL	$r = -.58$, $p < .001$
AVERSIVE	$r = -.42$, $p < .001$
HANDSCOR	$r = -.59$, $p < .001$
INTRVENE	$r = .51$, $p < .001$
TOTMED	$r = -.38$, $p < .001$
AGE6SC	$r = -.41$, $p < .001$
ADULTSC	$r = -.53$, $p < .001$
MEDHISSC	$r = -.50$, $p < .001$
NUMINPR	$r = -.59$, $p < .001$
NUMCALLS	$r = -.47$, $p < .001$
CLNTINIT	$r = -.39$, $p < .001$
NUMMEDCN	$r = -.38$, $p < .001$
NUMRECON	$r = -.50$, $p < .001$
NUMSUPP	$r = -.45$, $p < .001$
WGTSESSN	$r = -.41$, $p < .001$
HRSSTAFF	$r = -.46$, $p < .001$

Significant correlations

LASTYRSC	$r = -.35$, $p = .003$
TOTMHNUM	$r = -.36$, $p = .002$
NUMVIST	$r = -.34$, $p = .004$
STAFINIT	$r = -.33$, $p = .005$

Other correlations

PAYCAT	$r = .23$, $p = .047$
MANYKIDS	$r = -.27$, $p = .018$
LOCOMOTR	$r = -.22$, $p = .045$
DAYACOST	$r = -.27$, $p = .020$
DAYBCOST	$r = -.23$, $p = .040$
CHANGHP2	$r = .32$, $p = .013$
PROGSCOR	$r = -.28$, $p = .027$
NEMPCON	$r = -.20$, $p = .064$
EXRSESSN	$r = -.28$, $p = .015$
INDVPSYCH	$r = -.23$, $p = .041$

HANDGRIP

Very significant correlations

STOPWHEN	$r = .46$, $p < .001$
HEIGHT	$r = .53$, $p < .001$

Significant correlations

PAYCAT	$r = .32$, $p = .009$
EMOTIONL	$r = -.34$, $p = .004$
NUMINPR	$r = -.39$, $p = .003$

Other correlations

HYPSCORE	$r = -.27$, $p = .018$
NUMCURNT	$r = -.24$, $p = .032$
MAXCAT	$r = .28$, $p = .016$
MANYKIDS	$r = -.25$, $p = .029$
INTRVENE	$r = .24$, $p = .033$
AGE6SC	$r = -.30$, $p = .012$
ADULTSC	$r = -.24$, $p = .032$
LASTYRSC	$r = -.22$, $p = .049$
TOTMHNUM	$r = -.26$, $p = .025$
MEDHISSC	$r = -.30$, $p = .011$
CHANGHP2	$r = .28$, $p = .027$
PROGSCOR	$r = -.28$, $p = .030$
NUMCALLS	$r = -.19$, $p = .077$
NUMVIST	$r = -.18$, $p = .083$
NUMRECON	$r = -.29$, $p = .012$
HRSSTAFF	$r = -.26$, $p = .024$
INDVPSYC	$r = -.22$, $p = .048$

AGE

Very significant correlations

LOCOMOTR	r = .42, p < .001
HANDSCOR	r = .48, p < .001
TOTMED	r = .42, p < .001
ADULTSC	r = .57, p < .001
TOTMHNUM	r = .39, p < .001
MEDHISSC	r = .42, p < .001
WELFDOL1	r = .38, p < .001

Significant correlations

AVERSIVE	r = .32, p = .007
DAYBCOST	r = .37, p = .002
LASTYRSC	r = .31, p = .008
NUMINPR	r = .40, p = .002
NUMRECON	r = .33, p = .005

Other correlations

INTELLCT	r = .24, p = .033
INTRVENE	r =-.25, p = .026
DAYACOST	r = .27, p = .018
AGE6SC	r = .24, p = .030
DELTAIE	r =-.25, p = .054
WORKIN2	r =-.25, p = .027
NUMVIST	r = .18, p = .081
CLNTINIT	r = .28, p = .017
WGTSESSN	r = .25, p = .027
GRPPSYC	r = .23, p = .039
INDVPSYC	r = .17, p = .091

LOCOMOTR

Very significant correlations

HANDSCOR	r = .50, p < .001

Significant correlations

ADULTSC	r = .37, p = .002
MEDHISSC	r = .32, p = .006

Other correlations

EMOTIONL	r = .20, p = .062
INTRVENE	r =-.26, p = .021
DAYACOST	r = .18, p = .089
DAYBCOST	r = .27, p = .021
DAYOURS	r = .20, p = .074
TOTMED	r = .27, p = .019
AGE6SC	r = .19, p = .075
LASTYRSC	r = .23, p = .040
TOTMHNUM	r = .20, p = .059
DELTAIE	r =-.22, p = .076
NUMINPR	r = .25, p = .046
PROGSCOR	r = .29, p = .025
NUMCALLS	r = .21, p = .053
CLNTINIT	r = .18, p = .085
NUMSUPP	r = .27, p = .020
EXRSESSN	r =-.23, p = .039
GRPPSYC	r = .17, p = .10

INTELLCT

Very significant correlations

DAYBCOST	r = .41, p < .001

Significant correlations

EDUC	r =-.35, p = .003

Other correlations

HANDSCOR	r = .28, p = .016
INTRVENE	r =-.21, p = .057
DAYACOST	r = .28, p = .016
TOTMED	r = .25, p = .029
ADULTSC	r = .24, p = .030
LASTYRSC	r = .18, p = .085
TOTMHNUM	r = .21, p = .053
MEDHISSC	r = .21, p = .058
WORKIN2	r =-.29, p = .013
NUMINPR	r = .26, p = .038
PROGSCOR	r = .23, p = .058

INTRVENE

Very significant correlations

DAYOURS	r =-.40, p < .001
ADULTSC	r =-.48, p < .001
MEDHISSC	r =-.46, p < .001
CHANGHP2	r = .43, p < .001
WORKIN2	r = .46, p < .001
NUMINPR	r =-.73, p < .001
PROGSCOR	r =-.58, p < .001
NUMCALLS	r =-.57, p < .001
NUMVIST	r =-.57, p < .001
CLNTINIT	r =-.52, p < .001
STAFINIT	r =-.50 p < .001
NUMMEDCON	r =-.39, p < .001
NUMRECON	r =-.55, p < .001
NEMPCON	r =-.40, p < .001
NUMSUPP	r =-.45, p < .001
WGTSESSN	r =-.39, p < .001
HRSSTAFF	r =-.6[illegible] p < .001

Significant correlations

DAYACOST	r =-.38, p = .002
DAYBCOST	r =-.37, p = .002
TOTMED	r =-.34, p = .004
TOTMHNUM	r =-.36, p = .002
EDUC	r = .36, p = .002
EXRSESSN	r =-.33, p = .006

Other correlations

AGE65SC	r =-.27, p = .017
LASTYRSC	r =-.29, p = .013
CHANGNM2	r = .22, p = .064
WELFDOL1	r =-.26, p = .022
PCTSOLV	r =-.20, p = .092
INDVPSYC	r =-.20, p = .061

PCTSOLV

Significant correlations

NEMPCON	r = .36, p = .006

Other correlations

INTRVENE	r =-.29, p = .092
NUMCALLS	r = .23, p = .060
NUMVIST	r = .24, p = .049
STAFINIT	r = .32, p = .013
NUMSUPP	r = .20, p = .083
EXRSESSN	r = .24, p = .050
HRSSTAFF	r = .24, p = .047

DAYBCOST

Very significant correlations

DAYOURS	r = .54, p < .001
TOTMED	r = .43, p < .001
ADULTSC	r = .49, p < .001
MEDHISSC	r = .40, p < .001
WORKIN2	r =-.39, p < .001

Significant correlations

LASTYRSC	r = .37, p = .002
TOTMHNUM	r = .31, p = .010
DELTAIE	r =-.41, p = .003
NUMINPR	r = .42, p = .002
EDUC	r =-.36, p = .003
INTRVENE	r = .25, p = .002
NUMCALLS	r = .33, p = .006
NUMVIST	r = .38, p = .002
CLNTINIT	r = .36, p = .003
STAFINIT	r = .30, p = .010
NUMSUPP	r =-.33, p = .006
HRSSTAFF	r = .35, p = .003

Other correlations

SCHLSC	r = .18, p = .089
WELFDOL1	r = .21, p = .060
PCTSOLV	r = .26, p = .036
NUMRECON	r = .25, p = .032
GRPPSYC	r = .26, p = .023

PROGSCOR

Very significant correlations

INTRVENE	r =-.58, p < .001

Significant correlations

EDUC	r =-.37, p = .005
NUMVIST	r = .35, p = .007
HRSSTAFF	r = .34, p = .009

Other correlations

NUMCALLS	r = .32, p = .014
CLNTINIT	r = .26, p = .036
STAFINIT	r = .28, p = .027
NUMRECON	r = .32, p = .014
NEMPCON	r = .19, p = .096
WGTSESSN	r = .23, p = .057

DAYOURS

Very significant correlations

NUMINPR	$r = .50$, $p < .001$
INTRVENE	$r =-.40$, $p < .001$
NUMRECON	$r = .39$, $p < .001$
HRSSTAFF	$r = .41$, $p < .001$

Significant correlations

WORKIN2	$r =-.31$, $p = .009$
NUMCALLS	$r = .36$, $p = .004$
NUMVIST	$r = .37$, $p = .002$
STAFINIT	$r = .35$, $p = .004$

Other correlations

SCHLSC	$r = .19$, $p = .082$
ADULTSC	$r = .20$, $p = .074$
LASTYRSC	$r = .21$, $p = .065$
MEDHISSC	$r = .28$, $p = .019$
CHANGHP2	$r =-.22$, $p = .075$
WELFDOL1	$r = .25$, $p = .032$
PCTSOLV	$r = .24$, $p = .053$
EDUC	$r =-.31$, $p = .011$
CLNTINIT	$r = .27$, $p = .021$
NEMPCON	$r = .30$, $p = .013$
NUMSUPP	$r = .28$, $p = .018$
GRPPSYC	$r = .19$, $p = .077$
INDVPSYC	$r = .26$, $p = .028$

TOTMED

Very significant correlations

ADULTSC	$r = .50$, $p < .001$
LASTYRSC	$r = .52$, $p < .001$
TOTMHNUM	$r = .48$, $p < .001$
MEDHISSC	$r = .46$, $p < .001$
DELTAIE	$r =-.49$, $p < .001$
NUMMEDCN	$r = .38$, $p < .001$

Significant correlations

WORKIN2	$r =-.30$, $p = .009$
NUMINPR	$r = .34$, $p = .010$
PROGSCOR	$r = .40$, $p = .002$
INTRVENE	$r =-.34$, $p = .004$

Other correlations

AGE6SC	$r = .26$, $p = .022$
NUMCALLS	$r = .22$, $p = .048$
NUMVIST	$r = .26$, $p = .021$
CLNTINIT	$r = .26$, $p = .021$
STAFINIT	$r = .18$, $p = .088$
NUMRECON	$r = .21$, $p = .054$
NUMSUPP	$r = .21$, $p = .053$
HRSSTAFF	$r = .23$, $p = .040$
GRPPSYC	$r = .20$, $p = .063$

TOTMHNUM

Very significant correlations

MEDHISSC	$r = .90$, $p < .001$
WORKIN2	$r =-.38$, $p < .001$
NUMINPR	$r = .45$, $p < .001$
NUMRECON	$r = .45$, $p < .001$

Significant correlations

CHANGNM2	$r =-.38$, $p = .004$
INTRVENE	$r =-.36$, $p = .002$

Other correlations

DELTAIE	$r =-.25$, $p = .052$
CHANGHP2	$r =-.33$, $p = .012$
WELFDOL1	$r = .20$, $p = .064$
PCTSOLV	$r = .28$, $p = .026$
PROGSCOR	$r = .24$, $p = .053$
NUMCALLS	$r =-.36$, $p = .030$
NUMVIST	$r = .21$, $p = .050$
CLNTINIT	$r = .20$, $p = .060$
HRSSTAFF	$r = .26$, $p = .022$
GRPPSYC	$r = .23$, $p = .036$
INDVPSYC	$r = .28$, $p = .016$
PCTEMPL	$r =-.19$, $p = .078$

ADULTSC

Very significant correlations

LASTYRSC	r = .56,	p < .001
TOTMHNUM	r = .7[illegible]	p < .001
MEDHISSC	r = .86,	p < .001
WORKIN2	r =-.44,	p < .001
NUMINPR	r = .68,	p < .001
INTRVENE	r =-.48,	p < .001
NUMCALLS	r = .47,	p < .001
NUMVIST	r = .44,	p < .001
CLNTINIT	r = .43,	p < .001
NUMRECON	r = .55,	p < .001
HRSSTAFF	r = .44,	p < .001
INDVPSYC	r = .45,	p < .001

Significant correlations

WELFDOL1	r = .34,	p = .004
PROGSCOR	r = .39,	p = .003
STAFINIT	r = .34,	p = .004
NUMMEDCN	r = .30,	p = .010
NEMPCON	r = .30,	p = .009
NUMSUPP	r = .37,	p = .002

Other correlations

DELTAIE	r =-.33,	p = .015
CHANGHP2	r =-.21,	p = .080
CHWELFDL	r =-.21,	p = .054
PCTSOLV	r = .29,	p = .021
WGTSESSN	r = .21,	p = .050
GRPPSYC	r = .28,	p = .016

LASTYRSC

Very significant correlations

TOTMHNUM	r = .74,	p < .001
MEDHISSC	r = .73,	p < .001
NUMINPR	r = .49,	p < .001

Significant correlations

PCTSOLV	r = .36,	p = .006
NUMRECON	r = .32,	p = .006

Other correlations

CHANGHP2	r =-.27,	p = .031
CHANGNM2	r =-.24,	p = .053
WELFDOL1	r = .22,	p = .045
WORKIN2	r =-.28,	p = .015
INTRVENE	r =-.29,	p = .013
NUMCALLS	r = .25,	p = .025
NUMVIST	r = .28,	p = .015
CLNTINIT	r = .28,	p = .015
STAFINIT	r = .19,	p = .70
NUMMEDCN	r = .24,	p = .030
NEMPCON	r = .23,	p = .039
NUMSUPP	r = .23,	p = .041
HRSSTAFF	r = .25,	p = .028
GRPPSYC	r = .20,	p = .059
INDVPSYC	r = .26,	p = .022

WELFDOL1

Very significant correlations

CHWELFDL	r =-.59,	p < .001
WORKIN2	r =-.38,	p < .001
NEMPCON	r = .38,	p < .001

Significant correlations

WORKCHAN	r =-.35,	p = .004
WORKAUCH	r = .37,	p = .003

Other correlations

NUMINPR	r = .30,	p = .018
EDUC	r =-.22,	p = .046
INTRVENE	r =-.26,	p = .022
NUMVIST	r = .23,	p = .040
CLNTINIT	r = .24,	p = .034
STAFINIT	r = .26,	p = .022
NUMRECON	r = .19,	p = .071
WGTSESSN	r = .21,	p = .055
EXRSESSN	r = .17,	p = .100
GRPPSYC	r = .19,	p = .073
INDVPSYC	r = .20,	p = .059

MEDHISSC

Very significant correlations

WORKIN2	r =-.45, p < .001
NUMINPR	r = .64, p < .001
INTRVENE	r =-.46, p < .001
NUMCALLS	r = .44, p < .001
NUMRECON	r = .59, p < .001
HRSSTAFF	r = .45, p < .001
INDVPSYC	r = .40, p < .001

Significant correlations

PROGSCOR	r = .38, p = .004
NUMVIST	r = .37, p = .002
CLNTINIT	r = .35, p = .003
STAFINIT	r = .33, p = .005
NUMSUPP	r = .31, p = .008

Other correlations

DELTATE	r =-.25, p = .048
CHANGHP2	r =-.33, p = .012
CHANGNM2	r =-.25, p = .041
WELFDOL1	r = .24, p = .035
PCTSOLV	r = .27, p = .033
NUMMEDCN	r = .24, p = .030
NEMPCON	r = .17, p = .097
GRPPSYC	r = .26, p = .022
PCTEMPL	r =-.21, p = .056

WORKAUCH

Other correlations

EDUC	r = .18, p = .095
NEMPCON	r = .23, p = .046
INDVPSYC	r = .22, p = .053

WORKCHAN

Very significant correlations

WORKAUCH	r = .89, p < .001

Significant correlations

INDVPSYC	r = .33, p = .007

Other correlations

EDUC	r = .26, p = .028
NEMPCON	r = .22, p = .050

WORKIN2

Very significant correlations

INTRVENE	r = .46, p < .001
NUMCALLS	r =-.40, p < .001
HRSSTAFF	r =-.42, p < .001
WORKAUCH	r =-.40, p < .001
PROGSCOR	r =-.47, p < .001

Significant correlations

NUMVIST	r =-.36, p = .003
CLNTINIT	r =-.37, p = .002
STAFINIT	r =-.36, p = .003
NUMRECON	r =-.33, p = .004
NEMPCON	r =-.32, p = .006
WORKCHAN	r =-.37, p = .003
NUMINPR	r =-.41, p = .002

Other correlations

EDUC	r = .21, p = .051
NUMSUPP	r =-.20, p = .059
INDVPSYC	r =-.24, p = .035
PCTEMPL	r = .18, p = .087
PCTSOLV	r =-.25, p = .045

NUMINPR

Very significant correlations

INTRVENE	r =-.73, p < .001
NUMCALLS	r = .65, p < .001
NUMVIST	r = .65, p < .001
CLNTINIT	r = .64, p < .001
STAFINIT	r = .55, p < .001
NUMMEDCN	r = .50, p < .001
NUMRECON	r = .66, p < .001
NUMSUPP	r = .49, p < .001
HRSSTAFF	r = .65, p < .001
INDVPSYC	r = .56, p < .001

Significant correlations

PROGSCOR	r = .36, p = .006
NEMPCON	r = .39, p = .003
WGTSESSN	r = .39, p = .003
EXRSESSN	r = .38, p = .006

Other correlations

PCTSOLV	r = .25, p = .042
EDUC	r =-.19, p = .097
GRPPSYC	r = .29, p = .021